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Physicians: Idaho

December 31, 1975

Health Manpower References

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TABLE OF CONTENTS

	D v	
	EDGEMENTSvi	
INTRODUC	TIONT.	AB
REFERENC	E MATERIAL ON TABULATIONSvi	i
Geographi	ical Units of Aggregationvi	i
County G	roupvi	i
	rvice Areavi	
	·	
	Characteristicsix	
RELATION	SHIP TO OTHER AMERICAN MEDICAL ASSOCIATION PUBLICATIONS	
	HE COOPERATIVE HEALTH STATISTICS SYSTEM (CHSS)x	
	TATION OF TABLESx	
	Jnknownx	
	ty of Datax	
	SICIAN MASTERFILExi	
	— Health Service Area Designationxi	
EXHIBIT B	— Physicians' Professional Activities Questionnairexv	J
NATIONAL	TABLEST	ΑB
Table 1	Federal and Non-Federal Physicians in the U.S. by	
14010 1	Specialty and Activity, December 31, 1975	
Table 2	Federal Physicians in the U.S. by Specialty and	
14010 2	Activity, December 31, 1975	
Table 3	Non-Federal Physicians in the U.S. by Specialty,	
14010 5	Activity, and Sex, December 31, 1975	
Table 4	Federal and Non-Federal Physicians in the U.S. by	
rable :	Specialty, Age, Specialty Board Certification,	
	and Sex, December 31, 1975	
Table 5	Non-Federal Physicians in the U.S. by Specialty,	
rable 5	Age, Specialty Board Certification, and Sex	
	December 31, 19759	
STATE TA	BLEST	AR
Table 6	Federal and Non-Federal Physicians by Specialty,	
Table 0	Activity, and Sex, December 31, 1975	,
Table 7	Federal and Non-Federal Physicians by Specialty,	-
Table 7	Age, Specialty Board Certification, and Sex,	
	December 31, 1975	7
Table 8	Federal Physicians by Specialty, Activity, and Branch	
Table 6	of Service, December 31, 1975)
Table 9	Non-Federal Physicians by Specialty, Activity, and	,
Table 5	Sex, December 31, 1975	1
Table 10	Non-Federal Physicians by Specialty, Age, Specialty	•
14010 10	Board Certification, and Sex, December 31, 1975	7
Table 11	Non-Federal Physicians by Activity, Age, Specialty	•
Table 11	Board Certification, and Sex, December 31, 1975	Λ
Table 12	Non-Federal Physicians by State and Country of	•
Table 12	Graduation and Activity, December 31, 1975	3
Table 13	Non-Federal Physicians by County Group, Activity,	J
Table 13	and Sex, December 31, 1975	Л
Table 14	Non-Federal Physicians by County Group, Sex, Age,	т
1 4015 14	and Specialty Board Certification, December 31, 1975	5
Table 15	Non-Federal Physicians by County Group and Country of	,
Table 13	Graduation December 21, 1075	_

HEALTH S	ERVICE AREA TABLES
Table 16	Non-Federal Physicians by Health Service Area,
	Specialty, Activity, and Sex, December 31, 1975
Table 17	Non-Federal Physicians by Health Service Area,
	Specialty, Age, Specialty Board Certification,
	and Sex, December 31, 1975
Table 18	Non-Federal Physicians by Health Service Area,
	State and Country of Graduation, and Activity,
	December 31, 1975
	'ABLES'
Table 19	Non-Federal Physicians by County, Specialty, and
	Activity, December 31, 1975
Table 20	Non-Federal Physicians by County, Specialty, Sex
	Age, and Specialty Board Certification,
	December 31, 1975
Table 21	Non-Federal Physicians by County, Activity, and
	Country of Graduation, December 31, 1975

Characteristics of Physicians represents an initiative by the American Medical Association's Center for Health Services Research and Development (AMACHSRD) to provide comprehensive, detailed and accurate data on the entire physician population in the United States. Characteristics of Physicians is related to two other AMA-CHSRD publications: Physician Distribution and Medical Licensure in the United States, and Medical School Alumni. This publication differs from these in that more characteristics are detailed for smaller geopolitical units of analysis. Comprehensiveness and detail do, however, have their cost. A total of fifty-one volumes, one for each of the States and the District of Columbia, are required in order to present these data.

Successful completion of this project has required cooperation between the AMA and the Bureau of Health Manpower of the Department of Health, Education, and Welfare (DHEW). The AMA Physician Masterfile is the data source and considerable resources have been utilized by the AMA in developing the comnuter programs and designing the volumes. Contract #HRA-232-78-0163 with the Health Resources Administration of DHEW has provided the financial support needed to print and disseminate these volumes. In addition to the bound volumes, print tapes of the information contained in this report are available from the Bureau of Health Manpower, Howard V. Stambler, Director of the Division of Manpower Analysis of the Bureau of Health Manpower is the Contract Project Officer. Views or conclusions contained in this study should not be interpreted as representing the official opinion or policy of the Department of Health, Education, and Welfare.

Characteristics of Physicians was conceived by AMA-CHSRD partially in response to passage of the National Health Planning and Resources Development Act of 1974 (PL #93-641). With passage of this legislation it became apparent that planning and regulation were to become integral components of the health care system in the United States.

The distribution of physicians also has been the object of Federal legislative action for several decades. Since 1965, four separate pieces of legislation each attempting to effect a different distribution of health manpower resources have been enacted by the federal government. The most recent of these is the Health Pro-

484). Specifically, this Act ties Federal to the specialty distribution of first-Further, the loan forgiveness prograr locating in designated shortage a strengthened. Directly related to he legislation is the designation of shortage criteria for designating shortage areas a those areas designated as such really extages? These issues and related ones resolved.

The Characteristics of Physicians ser meet some of the data requirements in market approaches to resource distribution. Assessment of specialty and distributions, determination of physicial and planning to ensure that health care quire detailed data on relevant charaphysician population. Data in the COP available with the expressed hope the coupled with intelligent analysis and camulation.

Use of these data, however, will not policy makers. In addition, individual utilize Characteristics of Physicians for and migration decisions, and medical consult Characteristics of Physicians types of continuing medical education to be of interest to a large proportion the region. Researchers in health care sciences have also repeatedly expressed type of data provided. Therefore, C. Physicians is being widely distributed meet the repeatedly expressed need groups.

The efficacy of the market as an distributive mechanism for health care is gaining supporters. It will be some before the desired incentives can be rethe health care market. Until that to CHSRD is attempting to ensure the relating to health personnel are based available and, thus, introduce as few possible.

Lynn E. Jensen Project Director and Director, Center for Services Research an N. Theodore, Group Vice-President, Operations and Development Group, for his overall support of this project's goal from its conceptualization in 1976 to its completion. Special appreciation goes to Lynn E. Jensen, Director of the Center for Health Services Research and Development, and Project Director, for his efforts in making the project possible and in assuring the availablity of resources necessary to its successful completion. Gene Roback of the AMA Survey Data Center gave helpful advice and comments during conceptualization and throughout the term of this project. Gary Schneier and Raymond Healy, from the AMA

Division of Computer and Information Services, pro-

vided the programming expertise needed to complete

Many persons within the American Medical Associa-

tion have contributed to the success of this endeavor

work for the volumes.

Within the Center, numerous individuals player significant roles during the course of the project: Wayn Wendling and Glen Misek handled a number of task relating to verification, progress reports, and coordinating later phases of the preparation for publication Arsenio Oloroso provided editorial advice through in numerable phases of publishing 50 seemingly in distinguishable state editions; Dorothy Pazur an Barnette Collins assumed day-to-day administrative tasks.

Finally, the authors also wish to thank Howard V Stambler, Director, Division of Manpower Analysis Bureau of Health Manpower, Department of Health Education, and Welfare, and Project Officer, for his e forts to make publication and distribution of the volumes possible. Special appreciation goes to Luc Kramer, Contract Liaison, for her work in coordinating publication and dissemination activities for the Bureau

INTRODUCTION

Characteristics of Physicians (COP) provides detailed information on several key characteristics of physicians by their geographic distribution in the United States as of December 31, 1975. This is the first American Medical Association publication to present data for the 205 health service areas (HSA's) designated under the National Health Planning and Resources Development Act of 1974 (PL #93-641). There is a separate volume of COP for each of the fifty states and the District of Columbia. Each presents state-specific detailed data for health service areas, demographic county groups, and counties, as well as summary national data for comparative purposes. Thus, the series provides the only compatible data base on physicians across all areas and should be of significant use to practitioners and researchers in the health care industry.

The data presented here are for the physician population practicing in the United States. Detailed characteristics are presented for all physicians with known addresses in a geographic region who are professionally active. In addition, counts of physicians who are inactive or are not classified are provided on each table.

December 31, 1975 was selected as the point in time of this report for the following reasons;

- PL #93-641 was signed in January, 1975, and it
 was only during 1976 that significant activity was
 undertaken in response to this legislation. Thus,
 1975 represents the last year in which the health
 care system was not affected by this major piece
 of legislation and, therefore, is the most appropriate base year for future analyses of the impact of this legislation.
- Because this represents the first statistical series of its scope, an exceptional amount of time had to be expended in the conceptualization of the project, preparation of data set, and writing of the necessary computer programs. However, plans are being developed for publication of these volumes on a more regular and current basis in the future.

The introductory material which follows provides definitions and discussions of the geographic aggregations and the specific physician characteristics tabulated. This publication's relationship to other AMA publications and to other data sources is detailed. In addition, the American Medical Association Physician Masterfile is described; a list of the health service areas covered in this volume is given; and a sample of the questionnaire which is sent to physicians for the purpose of updating the AMA Physician Masterfile is included. Twenty-one tables listed in the Table of Contents-six national tables, which are repeated in all 51 volumes, and 15 state-specific tables providing: state, HSA, county groups and county data—follow immediately. An additional table which provides medical school data is included for states having medical schools.

REFERENCE MATERIAI ON TABULATIONS

The Characteristics of Physicians series protions on the geographic distribution of all p the United States as of December 31, 1975 who were temporarily in foreign locations from all tabulations. All data presented in tion were developed from the Americ Association Physician Masterfile.

Because the primary concern of policy planners, in most instances, is the adequa care services to meet the needs of the civition, many tables report Federal and physicians separately. In some geographic clusion of Federal physicians in the tables vide an upward bias to the real supply of p vices available to the general population.

Geographical Units of Aggregat

Each volume of COP represents data fo States as a whole; for the particular state; a ty groups, health service areas, and countie state. Each physician is allocated to geographic location on the basis of his/her mailing address as recorded in the AM. Masterfile.

The geographical subdivisions within the additional explanations. These follow below.

County Group

The county group tables (Tables 13-Demographic County Classification based Marketing Management, Inc.'s population and Standard Metropolitan Statistical Are definitions. The SMSA's serving as the bas size groups 6 through 9 are based on the area concept established by the United Stat the Budget. An SMSA consists of the following central city of 50,000 or more inhabitant mainder of the county in which the ce located; and 3) contiguous counties that a economically and socially with the count the central city. The group 5 county class cludes "Potential SMSA's" as defined Marketing Management, Inc. and are consi candidates for SMSA status. The county c 1 through 4 include counties in nonmetrop Table A below summarizes the 9 demogra classifications.

The independent cities of St. Louis Baltimore, Maryland; Alexandria, Virginia Virginia; and Chesapeake, Virginia are to dividual counties and assigned to the approty group on the basis of the city's population

^{&#}x27;Sales & Marketing Management, Inc. and the Burea use identical SMSA definitions except for a few in England where the former uses the county unit township as the geographic boundary. SMSA's are de

DEMOGRAPHIC COUNTY CLASSIFICATION

Definition

Counties in SMSA's with

5.000.000 or more inhabitants

Number of

SMSA's

299

3

Number of

Counties

3.084

16

	o,ooo,ooo or more iiiiabitaii		.0	20,00.,.00
8	Counties in SMSA's with 1,000,000 to 4,999,999 inhab	itants 34	170	66,156,800
7	Counties in SMSA's with 500,000 to 999,999 inhabitar	nts 37	128	26,756,300
6	Counties in SMSA's with 50,000 to 499,999 inhabitant		330	40,550,400
5	Counties considered potential SMSA's	41	51	4,279,500
4	Non-Metropolitan counties over 50,000 inhabitants	with	229	17,077,700
3	Non-Metropolitan counties 25,000 to 49,999 inhabitants		484	16,787,900
2	Non-Metropolitan counties 10,000 to 24,999 inhabitants		907	14,867,100
1	Non-Metropolitan counties under 9,999 inhabitants	769	4,536,400	
Note: Cities defined as in	dependent are included in "number of cou	unties" column.		
	n, <i>Physician Distribution and Medical Licens</i> an Medical Association, 1977), p. 32.	ture in the U.S., 1976		
porated into the county tance, Princess Anne C is Virginia Beach city. I Hawaii is combined with livided into four judicia	which encompasses it. For incounty in Virginia is referred to n addition, Kalawao County in the Maui County and Alaska is I divisions with assignment into	consist of an aggregation of however, (Alaska; Connect of Chicago; and the Navi San Carlos, and Papago In service areas were not com politico-legal boundaries. for each HSA are listed in	cticut; Massacticut; Mopi, Wajo, Hopi, Wadian Reserva posites of cou The exact pol	thusetts; the cit hite Mountair tions) the healt nties, but rathe

-lealth Service Area The National Health Planning and Resources

Demographic

Total 50 States and D.C.

County Classification

Development Act of 1974 mandated the division of the J.S. into health service areas. One section of this publication, Tables 16-18, presents data on Non-Federal physicians in health service areas located entirely or parially within the state covered in this volume. States with

ore than one health service area within their bounlaries have tables for each health service area. In states where the entire state is designated a health service area,

here is, of course, only one health service area table.

The existing Masterfile data were converted into the

realth service area classifications based upon the listing

of health service areas published in the September 2,

975, Federal Register and incorporate revisions by the Secretary of the Department of Health, Education, and

Welfare through July 1, 1976. In most states, HSA's

Selected characteristics of physicians by county for specific state are listed in Tables 19-21. If no physician

County

treated as counties.

are located in a county, that county is not listed in thes tables. For some states, noncounty geographic areas ar treated as counties where the geographic subdivision used differ. This usage parallels the usage in the count group tables. The independent cities of St. Louis Missouri; Baltimore, Maryland; Alexandria, Virginia Hampton, Virginia; and Chesapeake, Virginia ar treated as individual counties. All other independer cities, largely those in Virginia, are incorporated int the county which encompasses it. Princes Anne Count in Virginia is referred to as Virginia Beach city, an Kalawao County in Hawaii is combined with Mau

County. The four judicial divisions of Alaska ar

Resident

Population

(12-31-75)

214,549,200

23,537,100

viii

TABLE B SPECIALTY ABBREVIATIONS

GENERAL PRACTICE

SEPTIONS OFFICE TIPO

GP General Practice (Includes Family Practice and General Practice)

MEDICAL	SPECIAL	IIES	
		PD	Pediatrics

A	Allergy	PD	Pediatrics
CD	Cardiovascular Diseases	PDA	Pediatric Allergy
D	Dermatology	PDC	Pediatric Cardiology
GE	Gastroenterology	PUD	Pulmonary Diseases
IM	Internal Medicine		•

	SURGICAL SPECIALTIES			
GS NS OBG OPH ORS	General Surgery Neurological Surgery Obstetrics and Gynecology Ophthalmology Orthopedic Surgery	OTO PS CRS TS U	Otolaryngology Plastic Surgery Colon and Rectal Surg Thoracic Surgery Urology	

OTHER SPECIALTIES

Aerospace Medicine	PTH	Pathology	
Anesthesiology	PM	Physical Medicine and	
Child Psychiatry		Rehabilitation	
Diagnostic Radiology	GPM	General Preventive Me	
Forensic Pathology	PH	Public Health	
Neurology	R	Radiology	
Occupational Medicine	TR	Therapeutic Radiology	
Psychiatry		1	
	OS	Other Specialty	
	Anesthesiology Child Psychiatry Diagnostic Radiology Forensic Pathology Neurology Occupational Medicine	Anesthesiology Child Psychiatry Diagnostic Radiology Forensic Pathology Neurology Occupational Medicine Psychiatry PM GPM FORM PH R TR	

Physician Characteristics

The distributions of physicians are described in this volume in terms of a number of professional characteristics, with some individual characteristics crosstabulated with others. Key characteristics include specialty, major professional activity, age, sex, board certification, Federal or Non-Federal employment, and state and county of graduation. The thirty-six specialty classifications used in this publication are the same as those used in other AMA publications such as the Physician Distribution and Medical Licensure in the U.S., 1976 and are presented in Table B. A physician's specialty classification is defined as that in which he/she reports spending the largest number of practice hours. A number of county tables utilize the classification system of primary care/non-primary care specialists. Primary care physicians, for the purposes of these tables, are physicians whose specialty is general practice, family practice, internal medicine, pediatrics, and obstetrics/gynecology. Another area of general interest is specialty board certification. Certification indicates that the physician has satisfactorily completed an examination in an area of specialization and has taken all

of the specific training requirements for co a specialty board.2 The licensed physici practice any specialty regardless of wheth cian is board certified or not. Tables in th indicate board certification in some spec necessarily the specialty in which the classified. However, over 90 percent of t reported as board certified are certified in in which he/she is classified.3

Unspecified

US

Physicians' professional activity by spe to assess the availability of patient care. T fessional activity is reported by patie subgroups of patient care on the basis of

Education, Directory of Accredited Residencies, 19

^{2 &}quot;The boards are in no sense educational institution tificate of a board is not to be considered a degree. I on any person legal qualifications, privileges, nor tice medicine or a specialty. The boards do not in with or limit the professional activities of a license do they desire to interfere in the regular or legitim practitioner of medicine." Liaison Committee on C

American Medical Association, 1978), p. 367. 3 AMA Physician Masterfile, 1976. Special Tabulat Survey and Data Resources, American Medical A

ivities, such as administration, medical teaching, and nedical research are also reported separately. Two of he activity categories—inactive and not classified—nay need further clarification. Inactive physicians are hose who have reported to the AMA via the Physician's Professional Activity questionnaire that they are either etired, semi-retired, permanently disabled, temporarily not in practice, or not active for other reasons. Physicians who are categorized as not classified are those for whom the AMA has not received any information as to heir type of practice and present employment.

Definitions of the two other classifications used in describing physician characteristics are: Age as defined

n terms of intervals of under 35, 35 to 44, 45 to 54, 55 o 64, 65 to 75, and 75 and over; Federal employment as defined as employment by the Veterans Administration, Military Services, the U.S. Public Health Service, and other Federal Service.

The medical education background of physicians is

presented in several forms. Physicians who graduated from United States medical schools are categorized by the school of graduation and the state in which they curently are practicing medicine. In addition, physicians cated in a particular county group or county within a tate are cross-categorized either as having graduated from a medical school in the state, in a contiguous state, in some other state, in Canada, or outside the United states and Canada.

AMERICAN MEDICAL ASSOCIATION PUBLICATIONS AND TO THE COOPERATIVE HEALTH STATISTICS SYSTEM (CHSS) Although previous AMA publications, Physician

RELATIONSHIP TO OTHER

Distribution and Medical Licensure in the U.S., and Medical School Alumni, have reported similar information, Characteristics of Physicians provides more detailed information than previously available in published form.

The publication has two key features: greater detail of

physicians' characteristics and greater detail with respect to geographic units. More detail is provided for age distributions, sex, and specialty board certification—for states, county groups, individual counties, and for the health service areas. Thus, this publication attempts to meet a more extensive set of data needs not net by other AMA publication series.

A data collection effort to provide information similar to the data published in *Characteristics of Physicians* is being undertaken by the Cooperative Health Statistics System (CHSS). Although this system evenually is to collect data on a state-by-state basis for thireen health related occupations, reports published as a result of CHSS have not contained the level of detail

detailed analysis of the major professional activity of physicians. In addition, it provides board certification statistics for individual HSA's and counties, age and specialty distributions by county, and specialty and ag distributions for Federal physicians. Further, because the CHSS collection effort relies on 50 separate agencies, uniformity in quality and effort is not assured And indeed the CHSS is collecting physician data in only a limited number of states at this time.

Because of the complexity and detail of the dat

presented in these volumes, care must be exercised in their interpretation. A few explanatory words an necessary about the treatment of the physicial classifications used in these tabulations.

As mentioned previously, it was felt that data on professionally active physicians would be most useful for

sionally active physicians would be most useful fo research and planning purposes. At the same time however, it was felt that the total pool of physicia manpower should be represented in these volumes. This dual purpose caused some problem in the design of cer tain tables because of the inactive and not classified ac tivity categories. These two categories are included i the tabulations but are treated differently depending o the type of cross-tabulation involved. Generally, i tables in which specialty is cross-tabulated with major professional activity, the inactive and not classifie physicians are included in the total value but are no distributed by specialty. Instead, these two values ar provided at the bottom of the specialty column under "Inactive," "Non-classified," and "Addres Unknown". To arrive at the total value, the inactive and not classified values should be added to the sum of the other major professional activity categories. The applies to Tables 1, 3, 6, 9, 16, and 19.

Address Unknown

Physicians with unknown addresses are included onlin Table 1 for informational purposes. Again, this valuis not distributed throughout the table but is included it the grand total. Physicians with unknown addresses are excluded from all other national tables; therefore the grand total value on Table 1 exceeds the total value of Table 2 plus the total in Table 3, and the total reporte in Table 4.

Availablity of Data

This concludes the description of data contained in the COP series. Every effort has been made to provide the most frequently requested information in a manner meaningful to most users. These data are also being made available in the form of print tapes from the Bureau of Health Manpower. In addition, plans are also underway to publish the COP series on a regular basis.

⁴ These observations are based on a comparison of the Health Dat Annual for Massachusetts and the Characteristics of Physician Massachusetts.

AMA PHYSICIAN MASTERFILE⁵

While data collection has been an AMA activity for many years, the objectives, collection techniques, and use of the data undergo constant review and have undergone considerable changes each year. A masterfile of physicians has been maintained by the Association since 1906. However, in the early days of its existence, the *Masterfile* was primarily a listing of physicians maintained as a record-keeping device for membership and mailing purposes. Decisions were made on a day-to-day basis without a unified approach and without regard as to what these decisions would mean in terms of statistical methods and interpretation of the data.

As research activities within the Association became more sophisticated, the complexity of data requirements increased. The Masterfile was, therefore, expanded and improved to meet these requirements. Today, the AMA Physician Masterfile is the most comprehensive and complete source of physician data in the United States. It includes information on every physician in the country, members and non-members of the Association, on graduates of American medical schools who are temporarily practicing overseas, and graduates of foreign medical schools who are in the United States and meet U.S. education standards for primary recognition as physicians. Thus, all physicians comprising the total physician manpower pool are included on the AMA Physician Masterfile.⁶

A file is started on each individual upon entry into medical school or, in the case of foreign and Canadian graduates, upon entry into the U.S. As a physician's training and career develops, additional information is added to the file-e.g., internship and residency training, licensure board certification, professional affiliations, and other characteristics. Although such characteristics change over time, they are not subject to constant change. These types of characteristics are included in the "historical" portion of the Masterfile. In addition, there is the "current professional activities" portion of each physician's record that identifies his current address, professional activity, specialties, and employment status. By definition, this current portion of the Masterfile is subject to constant change and must be updated through intense monitoring techniques.

Prior to 1966, physician classification by specialty, activity, and employment was made through the Classification of Professional Activities (CPA) system, which was based upon a "private practice/not in private practice" concept. Data were collected under this system via a short postcard-type questionnaire en-

a major one being that the system reflected financial practice arrangement more so the professional activity. The United States N mittee on Vital and Health Statistics stated

The ongoing series on physician charact conducted by the American Medical meets the need for data on...geograp age, sex, and specialty. For princi however, the AMA inquires about m without specifying as to direct care of p queries relating to the number of pathours worked in each activity are man manpower cannot be properly allocated ferent activities.

This recommendation gained extensive co 1966 when the then AMA Departmer Research, which has been replaced by the of Statistical Analysis and is now a part Center for Health Services Research and began its efforts to update, improve, an AMA Physician Masterfile. In its evaluationse, it identified four major limitations classification system:

- 1. Existence of categories which were exclusive, resulting in confusion an between and within activity, spemployer categories.
- 2. Lack of a criterion upon which to b tion.
- 3. Lack of information on the most receach individual record.
- 4. Unavailability of information on r for the annual verification questions

These deficiencies were of sufficient concernajor revisions in both the structure of the data collection procedures. Therefore, a figer (the Reclassification of Physicians Pritiated to redesign the classification sundertook the Reclassification Project in with the National Center for Health Statunited States Public Health Service, the Demographic Surveys of the U.S. Bureau and knowledgeable researchers in academ

The first step in reclassification was the of the format of the 1966 edition of the D Physicians, Hospitals, and Hospital Beds, of the AMA Center for Health Services Development. Through a series of computhe old Masterfile category "private private practice" was converted to the mo "patient care/other professional activity 1966 format changes constituted a step direction, an important deficiency in the pfile of the physician population remained: being collected under the old classification became obvious that the data collection professional to be revised to correlate with the new

⁵ This section draws heavily from: Goodman, L.J. Physician Distribution and Medical Licensure in the U.S., 1976. Chicago: American Medical Association, 1977.

⁶ For discussion of validation studies conducted on the AMA Physician Masterfile, see Goodman, L.J., and Eisenberg, B.S., "The Quality of Physician Data." Public Data Use, 5 (May 1977): pp. 37-43.

ivities. The new questionnaire was first used in 1968 in the ensus survey of 317,000 physicians. Each physician

ionnaire-Record of Physicians' Professional Ac-

was asked to indicate the average number of hours vorked per typical week in several areas within three ategories—Professional Activities, Specialization, and Present Employment Status. The use of a "time spent"

levice gave the physician a criterion upon which to classify his practice, and the confusion between and vithin the activity and employer categories was climinated. After five mailings a usable response of 87.4 percent was attained. All returned questionnaires were passed through a

series of clerical editing procedures and a quality control checkpoint. They were then keypunched and the data

processed through a series of computer programs which assigned the activity, specialty, and employment classiication to each physician record. A complete census was scheduled to be conducted every three years. However, in order to verify the infornation gathered in 1968 under the new system, a complete census of 325,000 physicians was made again in 1969. The questionnaire, structurally the same as that of

968, contained the physician's 1968 response with a

column provided for corrections or changes. A usable esponse rate of 86.8 percent was attained. Analysis of he two sets of data revealed that the data collected in 969 were consistent with that of 1968, therefore, conirming that the questionnaire used to gather the data vas a reliable survey instrument. The most recent complete census, for the purpose of this project, was conlucted in 1973. The 1973 questionnaire is identical to hat used in 1969 except for the addition of a section rejuesting address and other general information. The isable response rate was consistent at 86.8 percent. A copy of the questionnaire used in the 1973 census is resented in Exhibit B.

Between census years, a comprehensive computerized

veekly updating system keeps the Masterfile current. Each physician's record is dated to reflect the most re-

ent change, which may be obtained for AMA mailings

or publications, company mailings, physician correpondence, or hospitals, government agencies, medical chools, medical agencies, medical societies, specialty poards, and licensing agencies. Any indication of a hange in professional status or address triggers a quesionnaire similar to the one used in the 1973 census. The physician is placed on a "change" file while follow-up nailings are made to raise the response rate. In 1975, pproximately 3,500 weekly change questionnaires were

nailed per week. As an additional check on the Masterfile between cenus years, the AMA's Center for Health Services Research and Development conducts year-end computer udits. A comparison of 1972 and 1973 year-end data hows the same consistency as the complete census data of 1968 and 1969. A similar comparison was conducted

t the completion of the 1977 census. The reliability of he Masterfile was evaluated when the Center prepared cians. Selected Characteristics of the Physician Popula

tion, Medical School Alumni, Foreign Medical Graduates, as well as reports on AMA membership physician manpower, women physicians, and specialt society statistics. While the data collected for the Record of Physicians Professional Activities questionnaire represent a maio input to the AMA Physician Masterfile, data from other

sources are also incorporated. These other sources in • Medical Schools-Provides data on school an vear of graduation, birthplace, birthdate, an

- professional appointments. State Licensing Boards—Provides licensure statu of physicians. • Hospitals-Provides information on interns an
- residents, birthplace, and foreign medica
- graduates in training. • Department of Defense—Provides data annuall on physicians in government service. American Specialty Boards—Provides data o
- board certification of physicians. • Medical Societies-Provides data on membershi
- in specialty, state, and county societies. • Educational Council for Foreign Medica Graduates-Provides data on foreign medica
- graduates. While many sources provide data for inclusion int

the Masterfile, data are also often extracted from th Masterfile for use by these agencies. In addition, th Masterfile is used by the National Center for Healt Statistics; the Office of Emergency Preparedness in th Office of the President of the U.S.; the Office of the Secretary of DHEW; the National Institutes of Health

various other federal, state, and local government ager

cies; numerous universities and medical schools; state

county, and specialty medical societies; the pha

maceutical industry; and ten addressing companies.

EXHIBIT A: HEALTH SERVICE AREA DESIGNATIONS JULY 1, 1976

The National Health Planning and Resource

Development Act of 1974 (PL #93-641) mandated that health service areas be established throughout th United States. The legislation specified that each healt

Report No. 93-1382. (Washington: Government Printing Offic

1974).

service area meet the following requirements:⁷ 1. The area must be a rational geographic region containing a comprehensive range of health se vices, and of a character suitable for the effective

planning and development of health services. ⁷Committee on Interstate and Foreign Commerce, National Heal Policy, Health Planning and Resources Development Act of 197

Xii

- 2. To the extent practicable, the area must include at least one center for the provision of highly specialized health services.
- 3. Upon establishment, the area must have a population between 500,000 and three million, with the following exceptions: the population may exceed three million if the area includes a standard metropolitan statistical area (as determined by the Office of Management and Budget) with a population of more than three million persons; and the population of an area may be less than 500,000 in unusual circumstances, but not less than 200,000 except in highly unusual circumstances if the Governor of each state in which the area is located determines, with the approval of the Secretary, that the area meets the other requirements of this subsection. "Unusual" and "highly unusual" circumstances are to be defined by the Secretary in regulations.
- 4. To the maximum extent feasible, the boundaries of the health service area must be coordinated with the boundaries of Professional Standards Review Organizations, existing regional planning areas, and State planning and administrative areas.

Each standard metropolitan statistical area (SMSA) must be entirely contained within the boundaries of one health service area unless the Governor of each State in which a SMSA is located determines, with the approval of the Secretary, that a health service area should contain only part of the SMSA in order to meet the other requirements of this subsection.

The 205 Health Service Areas designated in July 1976 * are the definitions used in this publication. A listing of the HSA's and the counties, towns, or cities comprising them for the state treated in this volume follows below.

IDAHO

The State of Idaho is designated as a single Health Service Area.

^{*}Designated under the National Planning and Resources Development Act of 1974

	Q.		
4			

RECORD OF PHYSICIANS' PROFESSIONAL ACTIVITIES

DIRECTORY OF PHYSICIANS



Center for Health Services Research and Development

AMERICAN MEDICAL ASSOCIATION

535 N. Dearborn Street Chicago, Illinois 60610

Dear Doctor:

Please complete this questionnaire as soon as possible so that your official record is up-to-date with correct and current information for printing of the 1973 AMA DIRECTORY. Data obtained from this questionnaire will be aggregated and used to describe the distribution of physicians and to analyze health manpower. However, NO information from your record will be released to any organization for the purpose of developing independent physician data files.

Thank you.

Instructions

- 1. Please answer every question on the basis of your current activities.
- Indicate any changes. Information which you provided previously has been
 printed in this form. Please <u>complete</u> unanswered sections and make <u>dis-</u>
 <u>crete changes</u> where applicable.
- 3. Upon completion, return the questionnaire at your <u>earliest possible convenience</u>, using the preaddressed envelope.

Contents

The questionnaire is divided into four sections:

- Professional Activities the types of activities in which each physician spends
 the most time during an <u>average week</u>.
- II. Specialization—the time physicians spend in their major fields of specialization.
- III. <u>Present Employment Status</u>—the number of hours <u>per average week</u> spent under various practice arrangements, by type of practice organization or employer.
- IV. Address and General Information

I.	PROFESSIONAL ACTIVITIES		
	Please describe your PRESENT professional activities by indicating the <u>average number of hours spent during a typical week</u> . Please answer EVERY question 1-8. If you do not spend any hours on any particular activity below, so indicate by	HOURS	PER WI
	entering zero (0) hours in appropriate spacing.	Prior	Chan
	1. How many hours per week do you currently spend in a full-time TRAINING program as an intern or resident? Indicate whether you are a(n) 1 INTERN 2 RESIDENT	Census HRS.	1 2 HRS.
	 How many hours per week do you spend in PRACTICE INVOLVING DIRECT CARE OF PATIENTS? Direct care means seeing patients; however, it also includes patient services by such physicians as pathologists and radiologists. 		
	Exclude time spent in training, teaching, or research. Include travel time and time spent on record keeping and other office work connected with your patients.	HRS.	4 HRS.
	3. How many hours per week do you spend on ADMINISTRATIVE ACTIVITIES, AS A SALARIED STAFF MEMBER OR EXECUTIVE OF AN ORGANIZATION? Exclude time spent on record keeping and office work connected with management of your own practice. Include activities connected with the administration or staff committees of a hospital or other health facility or agency, clinic or group, or any other organization by which you may be salaried as an executive or staff member.	HRS.	5 HRS.
	4. How many hours per week do you spend on MEDICAL TEACHING?	iiko.	1183.
	Include hours spent in teaching as well as in preparation for subjects taught in medical schools, nursing schools, other hospital schools, hospitals, colleges, universities, or any other educational		6
	institutions. a. OF THESE HOURS how many do you spend on direct care of patients? Exclude time devoted to patient care by house staff under your supervision.	HRS.	HRS.
	In view of possible overlap of hours spent in teaching and research, please do not double- count such hours, but report them instead in the most applicable category.	HRS.	HRS.
	5. How many hours per week do you spend on MEDICAL RESEARCH?		
	All phases of investigating medical problems regardless of source of funds for such research. a. OF THESE HOURS how many do you spend on direct care of patients? <u>Exclude</u> time devoted to patient care by house staff under your supervision	HRS.	HRS.
	6. How many hours per week do you spend on any OTHER medical activities (not listed above) INVOLVING DIRECT CARE of patients?	HRS.	HRS. 10 HRS.
	7. How many hours per week do you spend on any OTHER medical activities (not listed		
	above) NOT INVOLVING direct care of patients?	HRS.	HRS.
	About how many hours per week do you spend in ALL PROFESSIONAL ACTIVITIES? Total of questions 1 through 7 (exclude 4a and 5a)	12 HRS.	HRS.
	If you indicated "zero" on question 8, or if <i>none</i> of the above categories apply to you, please answer question 9.		1
	9. Are you: RETIRED 2 SEMI-RETIRED Total of Sec		-£
	PERMANENTLY DISABLED Section II, a Section III,	and tot	al of
	TEMPORARILY not in practice	respec	uveiy
	Not active for other reasons (please describe)		
	Please cross out any prior information which is not applicable.		

The specialty(ies) which you designated previously as your primary, secondary, and/or third are listed below along with the number of hours you spent per typical week. Please indicate any changes in your specialization (See other side of this questionnaire for list of designated specialties.) Prior Census Changes If Any Specialty House Specialty Hours Primary Secondary Third III. PRESENT EMPLOYMENT STATUS Please indicate the current number of hours spent per week for the following types of employers. (Note: employer should NOT be confused with the physical location of where your hours are spent.) Please answer EVERY question 1-10. If you do not spend any hours for any one of the following employers, so indicate by entering zero (0) hours. HOURS PER WEEK Changes Prior If Any Z Census 1. Self: "solo" practice HRS HRS. 2. Self: partnership practice HPS HRS 3. Arrangement with other physician(s): non-group . . . HRS 4. Group practice HRS 5. MEDICAL SCHOOL (or parent university) HRS. HRS 6. NON-GOVERNMENTAL hospital HRS. HRS. 7. City or county a. HOSPITAL HRS. HRS government b. OTHER than hospital. . . . 29H HPC 8. State government a. HOSPITAL HRS HRS. b. OTHER than hospital. . . . HRS HRS. 9. U.S. government a. HOSPITAL HPS HPS b. OTHER than hospital. HRS HPS Indicate Federal Agency: Public Health Service Army (C.C. & C.S.) Veterans' Administration Navv Air Force (SPECIFY) 10. OTHER ORGANIZATION - Not listed above (all types of insurance carriers, pharmaceutical companies, corporations, voluntary organizations, medical societies, associations, grants, foreign countries, etc.) HRS 294 If the address printed at right is NOT correct, please make appropriate changes in space provided.

xvii

1 11	IDDRESS AND G NFORMATION	ENERAL
	Is the machine printed at a. Both your Professiona Home Address? (If so, proceed directly to	al and 13
	b. Your <i>Professional</i> Add (If so, please enter your <u>factors</u> space following (c) below Question 2.)	HOME address in
	c. Your Home Address of (If so, please enter your address in following space	PROFESSIONAL 15
(STREET)		16-45
(CITY, ST	ATE 7IP)	
	Please indicate at which wish to receive medically	· ·
	Professional Add	dress
	Home Address	
3.	Please indicate below to state of your HIGH SCHO	
	if in the United States of	
	(County) 15-17	(State) 18-19 20-21
-1	If already provided, pleas	
	ing:	(5)
	(County)	(State)
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	Age:33-35	•
ı	П.,	127
	Sex:	Female
	3ex;	Female
	Race:	Female 40-41
ADDR	Race:	Female 40-41
	Race:	Female 40-41

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AM	Aerospace Medicine	PA	Pharmacology, Clinical
Α	Allergy	PM	Physical Medicine and Rehabilitation
AN	Anesthesiology	P	Psychiatry
BE	Broncho-Esophagology	CHP	Psychiatry, Child
CD	Cardiovascular Diseases	PYA	Psychoanalysis
D	Dermatology	PYM	Psychosomatic Medicine
DIA		PH	Public Health
EM	Emergency Medicine	PUD	Pulmonary Diseases
END	-	R	Radiology
FP	Family Practice	DR	Radiology, Diagnostic
* *	rammy reactice	DK	Radiology, Diagnostic
GE	Gastroenterology	PDR	Radiology, Pediatric
GP	General Practice	TR	Radiology. Therapeutic
GPM		RHU	Rheumatology
GER		RHI	Rhinology
GYN		ABS	Surgery, Abdominal
HEM		CDS	Surgery, Cardiovascular
HYP		CRS	Surgery, Colon and Rectal
ID	Infectious Diseases	GS	Surgery, Colon and Rectal Surgery, General
IM	Internal Medicine	HS	
LAR		HNS	Surgery, Hand
LAK	Lai yiigology	пиэ	Surgery, Head and Neck
LM	Legal Medicine	NS	Surgery, Neurological
ND	Neoplastic Diseases	ORS	Surgery, Orthopedic
NEP	•	PDS	Surgery, Pediatric
N	Neurology	PS	Surgery, Plastic
CHN		TS	Surgery, Thoracic
NA	Neuropathology	TRS	Surgery, Traumatic
NM	Nuclear Medicine	U	Surgery, Urological
NTR		O	Surgery, Orological
OBS			
OBG		In add	ition to the above specialties
020	Costonies and Cynocology	the fall	owing designations are also used:
OM	Occupational Medicine	the lon	owing designations are also used:
OPH		00 0	Nahan ta al est de la constant
OT	Otology		Other, i.e., physician designated
ото			specialty other than those
PTH	, , ,	a	ppearing above.
CLP		110 *	
FOP			Inspecified, i.e., physician
		d	id not specify a specialty.
PD	Pediatrics		
PDA			
PDC	Pediatrics, Cardiology		



2,793

OTHER

268

2,926 2,926 21,731 111,379 11,379 5,745 2,236 661 1,979 6,667 Idaho 1

298 101 13 64 27 45 16 6

3,271 35 93 93 52 22 22 418 598 15 15 113 113

230 142 208 208 24 34 36 503 1,789 900 900 259 1,514 11316 11316

17,498 1,531 1,531 1,531 1,18 1,18 5,166 2,985 606 2,985 83 2,100 2,217 2,217 2,217 2,495 985

979 979 6 3,581 2,492 277 277 47

1,876 1,635 12,329 4,229

12,156 2,1515 2,1515 3,303 3,446 3,446 1,735 21,076 1,512 1,

12,861 2,581 3,564 4,131 2,355 23,720 11,664 1,665 11,527 11,527 1,542

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1,649 245 598

8,976 1,528 1,587

6,549

46, C37 190

684 94,621

TABLE 2 FEDERAL PHYSICIANS IN THE U.S. BY SPECIALTY AND ACTIVITY, DECEMBER 31, 1975

	14707	14101		N S S S S S S S S S S S S S S S S S S S	MAJOR PROFESSIONAL ACTIVITY	ONAL ACTIVIT			
SPECIALTY	PHYSICIANS	PATIENT	OFFICE	HOSPITAL BASED PRACTICE	SED PRACTICE	ADMINISTRA-	HEDICAL	3	
		CARE	BASEU	KESIDENIS	FULL-TIME	NO I	TEACHING	RESEARCH	OTHER
TCTAL PHYSICIANS	28,191	24,100	2,095	4,275	17,730	1,848	419	1,190	379
GENERAL PRACTICE	2,449	2,306	699	186	1,452	6	10	13	26
MEDICAL SPEC.	9,103	7,719	544	1,619	5,556	416	254	635	62
4	06	89	7			4	1	16	•
00	515	378	12	_	1 998	33	41	55	89
2	362	351	21	96	234	7	16	16	o
ມູ	547		9			12	30	33	7
E 6	0,013	50746	212	1,372	3,465	287	124	452	41
A D G	17 1		213	150	986	86	ر]		14
POC	17 1	16		•	151			₹	
Pup	325	258	11	-	247	15	25	22	5
SURGICAL SPEC.	6,305	,76	201	1,267	4.294	232	100	ā	4
	2,209	2,002	61	471	1,470	101	62	53	15
NS		16	-	1 37	123	6	9	11	1
086	1,181	1,051	99	194	833	53	702	88	6
H40	228	164	25	113	353	12	17	16	٠ ٢٧
540	787	013	77	130	224	02	76		† -
PS	106	96		20	73	j 4	17	· -	-1
CRS	111	10	7		6)		
TS	169	142	69	1 22	117	10	12	2	
ם	684	8 7 7	12	110	326	6	23	9	ĸ
OTHER SPEC.	10,330	8,313	682	1,203	6,428	1,106	211	461	239
AM	205	253	+6 	- 8	151	509	S	24	18
NA	135	665	9	102	557	14	84	7	5
CHP	104	48	6 6	10	65	0 1	ı,		;
U.Y.	440	7	* · ·	CS -	313	n c	2	n) 10
. z	550	457	14	102	341	11	21	55	n •0
WO	235	164	112		52	58	2	2	89
a .	2,430	2,113	156	197	1,760	205	39	94	27
H Ma	1,238	1,051	34	182	835	51	22	72	42
NOC	1 203	70	- 0		627	07	n 6	- C	0 [
Hd	452	220	30	7 7	188	171	14	29	28
œ	1,0005	918	22	146	750	25	59	21	12
TR	101	87	-	19	67	5	7	7	
OTHER	825	412	53		359	212	9	151	55
UNSPECIFIED	1,233	1,122	115	310	169	29		25	19
	, d d.								

ICIANS				Σ	AJOR_PROFESSIONAL	ACII	Χ		
TCTAL PHYSICIANS	TOTAL PHYSICIANS	TOTAL PATIENT CARE	OFFICE BASED	PALIENI CABE HOSPITAL BAS RESIDENTS 	ED_PRACIICE FULL-TIME SIAFE	ADMINISTR. TION	OIHER_PROFESS. A- MEDICAL TEACHING 	SSIDNAL_ACIIVIIY_ MEDICAL RESEARCH	OTHER
	359,683	287,837	213,334	53,527	20,976	9,313	5,771	6,754	2,414
GENERAL PRACTICE!	52,108	51,270	46,347	3,064	1,859	450	167	37	184
Cudo A CT COM	0		2	,		Ċ	•	?	
	1.626	1.517	1,490	18,330	221.6	2,243	97747	3,248	413
	6,418	5,584			538	187	246	349	52
0	4,262	4,058		545	7.1	36	69	1 78 1	12
- CE	2,132	1,814	-		118	45	104	1 162	7
X.	48,318	'n	28,188	Ţ	•	1,251	1,009	1,895	227
000	20,268	18,546	-	4,576	1,283	601	568	462	16
200	463	186	254	17	87.	4 6	71	77	ſ
ond ond	2,010	1,566	1,166	7	707	131	139	157	c 71
									•
SURGICAL SPEC.	89,706	86,992		176	2,925	829	696	659	263
SS	29,353	w	7	7,524	1,226	334	279.	194	98
200	2,138	· • •	2,014		123	15	7,5	333	12
500	10.501	10.200	70	•	100	2000	607	+81 	υ . υ .
080	10.445	<i>,</i> ,	7	1.802	107	4 4	100	+11	67
010	5,261	, 61	. 29		109	- 62	7.5	2	1.
PS	2,130	2,078		311	19	6	27	101	9
CRS	059	640	909	1 24	- 01		-	7	2
13	1,810	1,729	38	225	118	23	33	19	9
- -	6,178	6,048	5,025	846	174	28	63	24	15
CTHER SPEC.	84,291	71,771	45,355	15,346	11,070	5,741	2,415	2,810	1,554
- AM	175		96	1 21	- 6	21	9	111	11
AN	12,122	11,491	164	1,547	716	128	386	98	31
CHP	2,477	•	1,519	235	313	1 661	129	- 94	36
DR	3,104	2,896	1,578	513	405	19	102	19	89
aOut.	178	- LB C			010	32	ω ç		44
2 0	3,081	1.571	1,502	7 7 9	767	67	, c	667	3. B2
	21.492	18.963	12,173	٠,	3,406	1.584	446	372	127
HId	13,482	8,655	4, 195	2,310	2,150		391	526	555
- Wd	1,375	1,253	625	1 247	381	1 07	23	14	15
GPM GPM	621	291	236	37	87	210	46	55	22
Hd.	2,213	585		32		1,343	88	98	110
~ ·	10,522	75646	0/549	1,495	1 19461	200	707	76	208

SPECIALTY PH	_'	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MA	JOB_PROEESS	IDNAL ACTIVIT	Υ		# # # # # # # # # # # # # # # # # # #
PHYSICIANS	TOTAL PHYSICIANS	TOTAL PATIENT CARE	OFFICE BASED	PAILENI_CARE_ EDSPITAL_BAS RESIDENTS 	SED_PRACTICE FULL-TIME	ADMINISTRA-I TION	HER PROFESS MEDICAL TEACHING	IONAL ACTIVILY MEDICAL RESEARCH 	OTHER
	326,719	265,113	201,062	46,287	17,764	8,388	5,013	080,9	2,144
	49.402	48,644	44,323	2,741	1,580	405	154	34	105
MEDICAL SPEC.	76,492	3.5	•	15,356	3,999	2,043	1,866	2,878	348
4.0	2	1,435	1,384					25	41
	3.901	7 7 1		7 797	516	183	224	828	7 7
. —	2,386	7.8	•	2	114	74	9.6	155	7
W I	44,705	,72	•	76	2,141	1,168	887	1,716	210
0A 400	15,383	7 .	Ö	٥. د	693	424	α	346	54
200	423	3 (213	20	87	17	64	36	1
Pub	1,871	v	1,109		352	124	133	139	1.4
SURGICAL SPEC. I	96	,27	65,752	15,795	2,732	787	916	627	253
65	33	1,95	19,551	119	• 2	333	270	193	95
SZ	2,722	2,622	2,010	4 8	123	15 1	41	32	12
1 290 100H	2 0	5.0	14,624	2,4	171	45	242	104	74
C & O	39	12	8,118	a	250	39	107	1 44	41
C10	20	104	•	7.1	106	27	53	31	15
200	0	10,	1,659	\sim c	80.0		77	~ ~	, O
1 S	1.806	225	•	223	117	23	33	19 1	9
5	9	3	5,015	844	174	28	63	24	15
CTHER SPEC.	8	62,833	40,985	12,395	9,453	5,153	2,017	2,541	1,378
Σ.	17	124	95	7;	σ r		9 %		11
NA C	9,0	19945	•	1,246	167	107	308	0/2	17
	ባ	7.724	1.890	761	367	18	91	191	63
97	1 6	83	72)	10	316		9	40
; . z	, 26	2,717	1,725	1 786	206	72	172	1 277	27
- ×0	2,05	1,516	•			43	۳ -	1 61	62
	85.	16,295	10,842	9,	84	1,456	395	339	103
	96.401	2001	•	<u>۰</u> –	302	656	166		ο œ
. — C b S	53	245	196	34	15	180	40	95	21
Н	1,722	349	334	1 26 1	39	1,090	74	1 07 1	68
~ ·	9,917	5,366	6,721	1,277	1,368	885	178	85	203
THE BEAUTIFUL TO THE BE	5.889	3.512	2.501	2	·	776	296	1 166	140

	TOTAL	TGTAL		PATIENT CARE	MAJOR PROFESSIONAL	ONAL ACIIVITY	FR PROFESS	ONAL ACTIVE	17
SPECIALTY	PHYSICIANS	PATIENT CARE	OFFICE BASED	HOSPITAL BA RESIDENTS	SED PRACTICE FULL-TIME STAFF	ADMINISTRA-	MEDICAL FEACHING	MEDICAL RESEARCH	OTHER
FEMALE PHYSICIANS	32,964	22,724	12,272	7,240	3,212	925	758	674	270
GENERAL PRACTICE	2,706	2,626	2,024	323	279	45	13	en	19
MEDICAL SPEC.	9,492	8,447	4,330	2,994	1,123	250	360	370	65
۷ S	120	108	106		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7 7	22	8 6	LC.
	361	181	251	67	13	· m ·		, r	۱
۳. ۲. س	40 40	,		1.417	* ''C''	7 60	9 (2	- 02.1	1.1
0.0	4,888	4.407	2,330	1,487	1 250	147	181	116	37
PDA 200	62		46	41		,	4 9	n :	•
200	139	105	57	_	48	o ~	9	18 18	N W
CHOCTCAL COFF.	77876	_	1 . 548	010	103	67	1.7	32	2
	521	. 2	159	325	252	7 -	•	77	7
NS	1 91	14	4	10	_		-	-	ı
086	1,726	1,636	984	515		37	27	18	8 0 ·
HeD	382	363	271	1,6	91		φ.	01	
OTS CTC	209	10	386	14	~ ~	70	- -		
Sd	- 09	56	14		· •	1	•		
CRS	<u>.</u>	w.	4	-					
S =	4 5	7 2	101	2 5	-				
		•				-	-		
OTHER SPEC.	10,309	8,938	4,370	2,951	1,617	588	338	569	176
E 2	1.735	1.610	1.102	301	702		7.8		61
CHP	644	•	376	83	101	35	31	11	-
DR	192	172	88	94	38	-	11	m	5
FOP	C1 .	7	4 !						4
Z	916	4/7	137		 9 4	7	7.7		4 m
ه آه	2,904	•	1,331	777	260	128	51	33	24
PTH	1,501	1,323	391	653	279	22	57	52	47
3 (C. (257	233	7.	80	6/	80 6	- 1	7 7	,
E I	164	186	167	1 0	13.0	253	51	7 91	21
α	909	995	249	218	66	e	54	7	S
TR	66	88	44	53	51		m r	7 7	ć
UNSPECIFIED	836	345 802	92	663	147	13	31.	8	ي ش

GENERAL PRACTICE 54,557 7,305 MECICAL SPEC. 95,087 32,427 A 1,716 138 CD 6,933 698 CD 6,933 698 CD 6,933 1,976 CD 6,933 1,978 CD 6,933 1,988 CD 7,746 1,146 PDA 7,746 1,187 CS 7,31 2,146 PDA 7,931 2,545 PDA 7,931 2,936 PDA 7,931 2,936 PDA 7,931 2,936 PDA 7,931 2,931 PDA 7,931 1,933 PDA 1,935 PDA 1,935 PDA 1,935 PDA 1,935 PDA 1,935 PDA 1,335 PDA 1,335	7 01 30 1 3				١ .	-SPECIALIY	907	EICALION
HYSICIANS 387,874 106,5 RAL PRACTICE 54,557 7,3 A	21 25 10	-	99 11 66	65 10 74	/5 AND DVER	BUA	I 2 BUARDS I OR MORE	NONE
AL PRACTICE 54,557 7,3 AL SPEC. 95,087 32,4 D	94,754	81,379	55,305	34,392	15,484	159,310		221,670
AL SPEC. 95,087 32,4 1,716 1,16 1,716 1,16 1,716 1,16 1,716 1,16 1,716 1,17 1,716 1,17 1,746 7,16 1,746	8,546	14,810	12,715	8,369	2,412	8,162	55	46,343
E	24,81	æ	11,501	2	1,396	1 44,072	•	2
E	41	41	m.	6	8	4	44	19
E	2,42	2	1,000	m (155	4.	4	35
M	1,35	γ œ	241	127	0 4	6 4	53	466
DA 21,746 7,6 00 2,335 4 4 6 1 1 1 1 1 1 1 1 1	12,71	35	1 4	- 5	- ው	, 10	œ	2.49
CAL SPEC. 96, 015 23,9 40 10 10 10 10 10 10 10	5,82	65	2	88	236	1,2	3	32
CAL SPEC. 96,315 23,5 4 2 2 2 2 2 2 2 2 2			53	32	~ (136	195	
CAL SPEC. 96, J15 23,5 5,2 5,2 5,2 5,2 5,1 5		1 864	375	275	64	1,162	21	1,152
S	- 27.	64.	0	7.7	4.7	0	ć	ì
S		7.12	5,465	2,323	10441	400	1 21343	3 5
B6 21,731 5,1 PH 11,129 2,5 TO 5,745 1,2 S 2,236 4 S 661 2 S 661 2 S 6,667 1,4 S 6,667 1,4 N 12,864 2,1 HP 2,531	-	69	. w	9	」 一	57	, 1	29
RS 11,129 2,5 RS 11,379 2,5 S 2,236 3,5 RS 661 2,5 S 661 2,5 S 6,667 1,4 S 6,67 1,4 S 6	- ¢,	141	, 2	•	9	, 55	25	1.5
S	3,334	2,114	1,731	1,112	293	7,071	192	3,866
S		96	ľα	- α	> 0	777	76	60
S 1,979 2 6,667 1,4 6,667 1,4 94,621 25,2 684 1,3 12,861 2,7 2,581 5 2,581 5	-	S CI	266	9 60	~ ~	, 16	• •	7
SPEC. 1,979 2 6,667 1,4 94,621 25,2 684 1 12,861 2,7 2,581 5,7 3,544 1,3		.+	179	141	43	25	163	243
SPEC. 94,621 25,2 N 684 1 N 12,861 2,7 HP 2,531 5		N 1	321	91	e :	33	2	38
SPEC. 94,621 25,2 M 684 1 N 12,861 2,7 HP 2,581 5	,	NI.	- R66	431	103	7	30	2,611
12,861 2,7 2	25,58		13,338	5,671	1,217	41,894	1,682	4
2,581 2,581 5,100 2,100	22	18	•	33	ر د	m '	80	36
3,544 1,3	0.5 4.0 0.0	24805	1,855	487	30		38	7,
	1,19	. 10	300	134	3.2	1 2,391	201	4 0
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4,131 1,4	1,45	4	275	134	38	1,697	157	127
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24C 2284C2 3+C 11.72C 3.00	2,76	oν	1,265	1,035	369	1 8,851	122	400
1,664	56	46	חינ	140	23	, a	٦ ،	776
1 789 1 1	1 19	0	160	107	20	376	23	~
2,665 2		679	721	505	92		58	1,520
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277 1,4	1,64	- 00	1,387	753	0	1.50	2005	,73
7,542 5,6	_	ĸ	m	317	127	. m	24	13
TIVE 21,449	1 763	1,101,1	2,392	7,779	8,876	1 5,967	200	, 28
17,09	6,89	, 34	4	4	2	7,160	303	18,682

	TOTAL			AGE	J.E.			SPECIALTY	SPECIAL TY BOARD CERTIFICATION	TEICAT
SPECIALTY	PHYSICIANS UNDER 35	UNDER 35	35 TG 44	45 TO 54	55 TO 64	65 10 74	75 AND	1 BOARD	2 BOARDS	NONE
MALE PHYSICIANS	353,033	93,265	86,277.	75,366	51,748	32,381	13,996	150,384	6,683	195,966
GENERAL PRACTICE	169415	6,674	8,334	14,156	12,195	8,053	2,279	7,912	64	43,730
PECICAL SPEC.	84,935	27,768	22,254	17,701	10,676	5,238	1,298	40,880	1,197	1 42,858
∢	1,592	1 26	1 389 1	381	342	280	74	448	426	
as	6,748	096	1 2,356	1,771	086	527	154	4,356	146	2
0	4,286	1,055	1,258	827	643	904	16	2,761	48	1,477
GE GE	2,329	194	1 096 1	414	239	145	77	1,610	4	_
ΣI	50,325		1 11,770	5,774	6,190	2,840	899	20,696	1 258	29.371
PD	16,665	5,531	4,514	3,798	1,876	750	196	9,420	112	7,133
PCA	382	72	142	95	45	23	Ś	116	183	
PDC	1 435	63	191	121	52		2	360	2	
PUD	1 2,169	181	1 729 1	1 044	722	1 250	a u	1 112		1 325

38,512 16,244 1,276 7,906 3,648 3,658 1,890 666 241 386

3,372 1,213 58 24 187 31 40 371 1,258

43,158 351 357 5,578 965 965 2,051 12,420 2,936 324 324 324 324 3254 3254 3254

144 24 1113 206 30 30 23 51 51 41 41

1,588 8 36 51 51

	96.0					1 6		41.41	
	84,935	21,168	52,25	17,701	10,676	5,238	1,298	40,880	_
	1,592	1 26	389	381	345	780	14	448	_
	6,748	096	2,356	1,771	086 	527	154	4,356	_
	4,286	1,055	1,258	1 827	643	905	16	1 2,761	_
	2,329	194	096	414	239	145	747	1,610	_
	50,325	15,083	11,770	422,5	6,190	2,840	899	1 20,696	_
	16,665	5,531	4,514	3,798	1,876	150	196	9,420	
	382	1 72	142	95	45	23	- 2	116	
	435	1 53	161	121	1 25		2	360	_
		381	519	095	336	260	58	1,113	
SURGICAL SPEC.	93,042	1 22,176	26,552	21,112	14,591	6,613	1 1,398	51,158	
		8 883	6,880	1 7,065	5,431	2,314	422	13,538	
	_	619	1 1,038	659	389	76	13	1 1,574	_
		4,471	. 608 45	5,144	1 3,051	1,244	235	12,024	_
		2,419	3,234	1 2,042	1 1,676	1 1,089	1 274	66849	_
	_	2,553	3,843	1 2,407	1,441	571	104	1 7,630	_
		1,243	1,865	556	850	585	187	3,746	
	_	406	163	510	257	1 87 1	14	1,137	_
		38	114	143	178	140	43	254	_
•		1 262	159	1 625	321	63	9	331	_
		1,419	2,175	1,528	166	429	103	4,025	
	83,384	21,567	22,931	20,665	11,986	5,178	1,053	38,638	
	119	142	222	185	- 06 -	33	5	312	
	11,342	1 2,218	3,324	3,362	1,671	1 442	1 25	5,428	
	1,922	370	777	1 557	180	32	9	899	_
	3,316	1,238	1,122	518	1 282	125	31	2,253	_
	180	11	20	55	39	21	_	128	
	3,790	1,352	1,339	675	254	131	39	1,595	_
	2,276	7	1 227	169	815	807	96	1 558	
	1 20,778	4 4 4 3 3	662 45	5,643	3,195	1,427	1 281	8,245	_
	10,046	2,315	3,254	2,745	1,239	371	82	6,844	
	1,342	1 226	303	380	286	126	21	120	
	691	101	169	171	138	76	18	344	
	2,132	102	343	514	550	777	80	916	_
	10,852	2,343	3,549	1 2,900	1,529	71.4	57	7,841	_
	1,366	552	350	258	123	34	9	177	_
	6,662	1,378	1,489	1 1,622	1,275	110	188	1,409	_
	1 6.612	700.7	763	306	22.0	1 30.5		272	_

TABLE 4 FEDERAL AND NON-FEDERAL PHYSICIANS IN THE U.S. BY SPECIALTY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMBER 31, 197 (CONTINUED)	X, DECEMBER 31, 197

10,152 4,669 2,558 10,152 4,669 2,558 185 18 21 185 18 21 185 18 21 185 18 21 185 18 21 186 18 21 187 18 21 186 38 69 375 18 21 18 21 21 18 21 21 18 21 21
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ਇ	SPECIALTY FEMALE PHYSICIANS GENERAL PRACTICE MEDICAL SPEC. GENERAL PRACTICE MEDICAL SPEC. GENERAL PRACTICE OD	TOTAL 34,841 2,866 10,152 10,152 4,006 5,081 166 1,777 1,777 1,777 1,819 1,614 1,674 1,674 1,674	13,2 13,2 1,1 1,1 1,1 1,1 1,1 1,1 1,1 1,1 1,1 1
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TOTAL	34,841	2,866	10,152	124	185	52	1 4,006	5,081	799		166	2,973		1,777	395	009	62	5	*	191	11,237		1 1,819	659	228	_	341	177		32		533	675	507	4 6
SPECIALTY	FEMALE PHYSICIANS	GENERAL PRACTICE	MEDICAL SPEC.	∢ (<u> </u>	GE	ΣH	P0	AUA 2004	201	PUD	SURGICAL SPEC.	SN	086	NAC VAC	010	PS	CRS	TS	ם	OTHER SPEC.	AM	Z	CHP	DR	FOP	Z		HLd	Æd	СРМ	Н	œ F	OTHER	MICOLOTOR
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514 58 329 72 20 115 115 1847 1847 1847 1847 1847 1947 1947 1957 1966 1166

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SPECIALLY BOARD CERTIFICATION BOARD | 2 BOARDS | NONE

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35

PHYSICIANS | UNDER 35

SPECIALTY

33,062

52,712

77,675

88,055 8,670

92,975

359,683

GENERAL PRACTICE TOTAL PHYSICIANS

SPEC.

12,361

206,05

7,732

2,348 15,164

1,334

29,39 9,49

450 4,074 2,736 1,443 18,700 10,653 417

10,889 366 959 671 222 6,030 2,234 2,234 33

1,711 869 434 5,715 4,552 114 1145 426

5,517

4,262 2,132 48,318 20,268 429 521 2,010

22, **6**71 385 2, 212 1, 244 882

85,984 1,626 6,418

2,33

3,140 1,119 56 23 187 29 37 347 1,155

12,638 1,506 12,021 6,831 7,121 7,121 3,466 1,116 252 290 3,819

89 1,329 1,083 534 563 86 139 60 404

5,368 2,077 2,359 935 508 143 1,472

6,419 5,558 3,197 3,591 1,749 866 110 633

616 4,420 2,243 2,470 992 398 38 236 1,219

10,445

2,130 650 1,810 6,178

5,246

6,841

20,824 8,152

89,706

SPEC.

SURGICAL

2,738 20,550 10,591

GS NS 086 0PH 0RS 0T0

Idaho 9

11 6,35 1,35 89

1,074

13,593 13,593 13,593 13,593 10,593 10,593 10,593

150 23 23 1115 203 32 16 46 43 43

5,128 22 478 60 122 21 118 362 1,474 1,474 119 93 457 440

43 1,803 264 276 276 38 244 781 1,255 1,255 146 644

23,487 39,759 3,759 936 1,100

21,024 26 2,330

CTHER SPEC.

43 3,723 737 518 518 657 657 2,818 1,66 5868 2,868 2,868 1,618

1,276 205 6,058 3,356 3,47 128 3,477

469 1,059 11,233 11,233 12,23 2,587 272 272 71 11,23 1,257 1,257

21,492 10,482 1,375 2,213 10,522 10,522 1,068

178 3,581 2,120

12,122 2,477 3,104

1975	
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EICALION	181,648	41,871	38,787	000	1,296	•	,56	62		911	54	<u>.</u>	,29	,36	3,265	7 4	238	36	2,317	37,741	100	923		• ^	1,532	•	.+ .	0 4	928	2,060	23	4,023		12,462
BOARD CERIL 2 BOARDS OR MORE	6,182	04	1,103	7 4	* *	*	217	178	2	18	3,120		22	182	53	340	156	1,155	58	1,442	33	51	06	137	22	107	196	77	39	620	41	- 4 - 2	4	191
SPECIALIY 1 BOARD	138,889	7,491	36,602			1,425		•	347	945	48,201				•	3,435	251	2		34,799	5,117	88	2,008	777	4 4	œ,	4. 1	779	, 47	4.	7	· -	7	5,356
75 AND OVER	13,698	2,217	1,241	69	- 68 80	43	642	261	2	20	1,350	- c	- س	270	6	182		EN:	16	922	24	9	28	35	9 6	244	76	<u>- 1</u>	15	64		Lyp	•	7,861
65 10 74	31,122	7,815	4,959	275	393	140	2,655	740		220	6,370	\$23	۶۲,	7 9	S	ഗം	138	09	402	4,679	43.33	32	115	07.	357	1,291	344	107	399	432	59	630		7,072
55 TO 64	49,387	11,864	10,115	es ,	940	220	78	484 4	25	287	14,144	•	•	1,647	1,390	826	176	302	948	10,964	1.628	1	260	4	758	0	*	- (064	• •	Ξ	1,119	•	1,912
45 TO 54	72,076	13,885	16,839	37	1,668	2	20	, 72	~ ~	395	2C,45E	6,78	90	2,006	2,341	926	453	576	1,472	15,196	10	55	6	Ω-	٦,	\$24	26	 (134	ار د	24	9 1	ก	624
35 TC 44	80,124	E 50 43	20,294	ري در د	2,151	98	Š	•	າພ	565	9 8 5	2 1	5.5	100	3,578	£ 73	≯ ⊂	'n	C.J	20,691	n u	15	1,042	4	വ	2.8	94	-	109	n O	32	*	443	344
UNDER 35	80,302	5,528	23,074	1 25	939	363	15,822	9	85	320	15,690	æ,	9 5	2,126	2,455	925	381	234	1,209	17,530	1.850	-	972		1 108	-	1,506	186	62	1.915	257	1,182	-	1 951
TOTAL PHYSICIANS	326,719	49,432	76,492	1,506	6,253	2,086	44,705	15,380	423	1,871	86,862	28,832	2,722	10,209	10,390	5,201	2,070	1,806	6,163	73,982	10.387	1,833	2,912	168	3,265	18,588	8,981	1,118	532	9.917	975	5,889	4	18,009
SPECIALTY	MALE PHYSICIANS	GENERAL PRACTICE	WEDICAL SPEC.	4	CD		Σ.	00	ADA DOG	ond ond	SURGICAL SPEC.	- S	SZ		ORS	010	Sa		· >	CTHER SPEC.	W V	CHP	08	FOP	z 0	E a.	PTA	Σα.	E GO			OTHER	UNSPECIFIED	INACTIVE

	TOTAL			A				SPECIALIY	BOARD CER	ILEICALION
SPECIALTY	PHYSICIANS	UNDER 35	35 16 44	45 10 54	55 T0 64	65 TO 74	75 AND OVER	1 BOARD	2 BOARDS	NONE
FEMALE PHYSICIANS	32,964	12,673	7,961	5,599	3,325	1,940	1,466	8,357	197	24,410
GENERAL PRACTICE	2,706	580	577	615	164	306	131	241		2,462
MEDICAL SPEC. 1	9,492	4,386	2,377	1,560	174	302	66	2,985	19	9446
⋖ ′	120	07	58	31	30	41.	۲.	28	19	73
30	361	128	19	689	61 64	20	101	176	- 4	181
	46	16	16		2		2	18		2
XII	3,613	1,892	w c	514	241	103	27		~ :	2,832
00	4,888		1,258	823	392	133	35	1, 191	971	åç Ç
POG	96	25	36	24	 o co	. 4	.	70	: 	28
0nd	139	25	33	31	34	12	7	45		16
SURGICAL SPEC.	2.844	1.134	683	965	311	160	09	859	20	1,965
3	2		95	55	29	80	7	06	4	427
SZ	16 1	8 6 7	200	4 2	702	117	20	2 2	-	1,212
280 H40	382	117	16	71.	55.	23	19	169		-
ORS	55	15	13	18		2	t	25		30
010	09	16	16	5	s 6	2 2	ď	31 26	7	27
CRS	5 5	-	-	-	-	-			2	2
18 0	15	102	7 7		-	2				13.5
2300	10.309	757 2	7.796	2.212	1.206	677	152	1 2,941	87	7,281
E			•	-				•		2
AN	1,735	483	409	426	175	45	un u	613	2 0	1,120
	192	87	289	23	1 16	27	\ 	114	2	91
FOP	101	m	4	-	-	_				m
Z	316	125	107	62	19	m u	٠	56 -	133	208
200	69 6	777	773	677	604	183		535	4 60	2,361
HLO	1,501	. 681	412	251	111	33	13	634	-	•
X	257	98	47	200	25	12	71	95	s	151
¥ Ha	89	33 6	1 1 1 1	158	154	21 28	11	155	-	329
. ~	609	278	173	16	45	60	4.	307	20	278
TR	663	35	33	156	7 %	7 7 7	٦ ٥	1 25	7 -	96
UNSPECIFIED	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	642	103	84	21	:::	13			827
INACTIVE	3,440	268	493	477	480	707	1,015	611	9 17	3,436
NCI CLASSITICO		1		١ į					Т	

TABLE 6 FEDERAL AND NON-FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31, 1975

IDAHO

	TOTAL	TOTAL		MAJOR PROFESSIONAL ACTIVITY	JOR PROFESS	ONAL ACTIVIT	X		- A Alberta - Car for the Heavy of the second of the se
SPECIALTY	PHYSICIANS	PATIENT	OFFICE 0 8ASED	HOSPITAL BASEC PRACTICE RESIDENTS FULL-TIME	EL PRACTICE FULL-TIME STAFF	ADMINISTRA-	HER PROFESS MEDICAL TEACHING	UTHER PROFESSIONAL ACITALITY MEDICAL MEDICAL TEACHING RESEARCH	Y OTHER
TOTAL PHYSICIANS	468	01.1	702	2	99	13	4	0	10
GEN PRACTICE	257	254	243		11	~	1		1
MEDIÇAL SPEC.	135	126	114		12	2			m
4	m c	mo	2 0	-	-)
20	27	11	11 8					2	
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E 0d	33 -	62 33	33		01	2		2	6
Poc		u			•	-			
}	`	n			-			45 -	
SURGICAL SPEC.	546	248	228	2	18			, -d	
2 C	27.	75	69		:				
980	45	4 0 rų	0 [4		4			-	
H d 0	39	39	38	-	r				
S C C		41	39	-	2	•		-	
o a	51 -	E 4	13			-		-	
CRS		٦ (-	do 198	
S	4	4	4			-			
Ð	21	21	50		-	•			
OTHER SPEC.	162	142	117		30	ç	r	,	•
¥	_			-	}	2	n		0 -
NA C	56	25	25	-					7
	- 00	^	·				~	-	
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Hd		5 2			-				
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X - 0	4;	4 (2	_	2	-			
UNSPECIFIED	101	<u>ب</u>	n 4	-	4 4	2			
		2	>		- -			min 44	
					-	Andreas of the State of the Sta		T	

TABLE 6 FEDERAL AND NON-FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31, 1975

IDAHO - CONTINUED

	_			MAJGK PROFFSCIENAL ACTIVITY	
	I TOTAL	TOTAL		PATIENT CARE OTHER PROFESSIONAL ACTIVITY	
SPECIALTY	PHYS ICIANS	PATIENT	OFFICE	HOSPITAL BASED PRACIICE ADMINISTRA- MEDICAL MEDICAL	
		CARE	BASED		OTHER
	T			SIAFF	
	-		.		
INACTIVE	61		-		
NOT CLASSIFIED	30		: خجد ،		
				_	

TABLE 6 FELERAL AND NON-FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31, 1975 (CUNTINUED)

	TOTAL	TOTAL		MATTERNA CASE	MAJOE PROFESSIONAL ACTIVITY	TONAL ACTIVIT			
SPECIALTY	PHYSICIANS	PATTENT	OFFICE BASED	HOSPITAL BASEC PRACTICE RESIDENTS FULL-TIME	FULL-TIME	ACMINISTRA TION	UINEK PAUFESS - MEUICAL TEACHING	MEDICAL I	CTHER
MALE PHYSICIANS	864	751	686	2	63	12 1	4	9	0
GEN PRACTICE .	251	576	238		11		-		
MEDICAL SPEC.	131	122	111		11	2		*	י מ
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SURGICAL SPEC.	247	246	226	7	18				
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CTHER SPEC.	153	134	111		23	01	ίΩ		Ś
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7. 0.HFC	* <u>_</u>	* ^	VI V	-	.				

TABLE 6 FEDERAL AND NON-FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31, 1975 (CONTINUED)

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		The same of the sa	And the Control of th	MAJUK PROFESSI	MAJUK PROFESSIONAL ACTIVITY			
	TOTAL	TOTAL	_	PATIENT CARE	I OTHER PROFESSIONAL ACTIVITY	R PROFESSI	GNAL ACITAIT	Y
SPECIALTY	PHYSICIANS PATIENT	PATIENT	OFFICE	HOSPITAL BASED PRACTICE ADMINISTRA- MEDICAL MEDICAL	ADMINISTRA-	MEDICAL	MEDICAL	
		CARE	I BASED	RESIDENTS FULL-TIME	TION I	TE ACHING !	KESEANCH	٥
			-	STAFF				
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INACTIVE	54		_			•		
NOT CLASSIFIED	1 28 1				-			
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FEDERAL AND NON-FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31, 1975 (CONTINUED) TABLE 6

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				W	MALLE PROFFICETONAL ACTIVITY	ONA! ACTIVIT	V.	
	1 TOTAL	TOTAL		PATIENT CARE	**************************************	TO TOTAL	HER PROFESS	OTHER PROFESSIONAL ACTIVITY
SPECIALTY	PHYSICIANS	PATIENT	OFFICE	HOSPITAL BAS	HOSPITAL BASED PRACILCE ADMINISTRA-	ADMINISTRA-	MEDICAL	MEDICAL
		CAKE	BASED	RESIDENTS	FULL-TIME	TION	TEACHING	KESEARCH
FEMALE PHYSICIANS	30	19	16		3			
GEN PRACTICE	9	S	S		-			
MEDICAL SPEC.	*	4	3		-			;
FO		m	m			-		
SURGICAL SPEC. OBG OPH	N = =	~	2					AND 440 450 4
OTHER SPEC.	0.00	. 82	9 6		2			
H L d	7 7 7	2 2	2 7		-		-	
UNSPECIFIED	21	2 -	-		, mar east	100m		
INACTIVE NOT CLASSIFIED	7 2							

FEDERAL AND NON-FEDERAL PHYSICIANS BY SPECIALTY, AGE, SPECIALTY ROARD CERTIFICATION, AND SEX, DECEMBER 31,1975 TABLE 7

483 213 SPECIALTY PLARU CERTIFICATION 7115396 90 2 NONE 2 bUARES 6 ŝ ~ ~ EDARD 176 46 33 28 38 111 395 3327016 ‡ 4 75 AND N 65 10 74 33 55 10 64 103 27 7 54 89 193 40044 £3 10 45 TO TC 44 54 267 22 35 UNDER 35 50 16 29 28 PHYSICI ANS! 135 10 11 11 13 69 69 33 894 257 3775 162 1 26 TOTAL GENERAL PRACTICE SURGICAL SPEC. 6S NS NS OPE OPH ORS CTO PS CRS TOTAL PHYSICIANS MEDICAL SPEC. SPECIALTY OTHER SPEC.
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	I TOTAL !				AGE			I SPECIAL TY	P C	IF1CAT1
SPECIALTY	PHYSICIANS	UNDER 35	35 TO 44	45 T0 54	55 TO 64	65 TO 74	75 AND OVER	1 BOARD	-	NON
MALE PHYSICIANS	798	116	262	189	193	83	7.2	385		4
GENERAL PRACTICE	251	27	53	19	70	32	7	43		2
MEDICAL SPEC.	131	14	84	34	27	80		97	n 	-
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SURGICAL SPEC.	247	29	86	46	57	14	m	176	_	
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OTHER SPEC.	153	26	05	0,7	30	7		72	2	
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UNSPECIFIED	•	~		-				⊣	4	4
INACTIVE	54		2	~	00	21	22	&		10 equ
NOT CLASSIFIED	1 28 1	14	11	_	-	-		30	1	-
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TABLE 7 FEDERAL AND NON-FEDERAL PHYSICIANS BY SPECIALTY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMBER 31, 1975 (CONTINUED)	NON-FEDERAL	PHYSICIANS	BY SPECIAL	LTV, AGE, SF	PECIALTY BO	ARD CERTIFIC	ATION, AND	SEX, DECEMI	BEK 31, 1975	
IDAHO			5.							
VIIIAIOS	TOTAL I	INDER 35	35 TO 44	A(AGE 1 55 TO 64	65 10 74	75 AND	SPECIALIY 1 BOARD	7	LETCATION
STECTALIT			:			7 7	OVER	10	OK MORE	20
FEMALE PHYSICIANS	2	,	n	•			ı			
GENERAL PRACTICE	9	2	-			-		→		
MEDICAL SPEC.	4-	2	2					7		
E Q	4 M	2						м		
SURGICAL SPEC.	2				- 2					2
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OTHER SPEC.	°	2	2	m	7			w 10		7
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UTHER UNSPECIFIED			, rd	~i				- 40 42		
INACTIVE NOT CLASSIFIED	- 2	2 2	na rain- alle-	in man action o	n	-	8		a wide wine of	1- (4
	-	_		_						

EDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND BRANCH OF SERVICE, DECEMBER 31, 1975

SERVICE

		i	-	W	MAJOR PROFESSIONAL ACTIVITY	TONAL ACTIVITY	<u></u>		The same rate and agreement and services and same
V + 14 + 7000	TOTAL	TOTAL		PALIENI CARE		0	THER PROFESS	OTHER PROFESSIONAL ACTIVITY	Υ.
SPECIALIT	PHYSICIANS		OFFICE	HOSPITAL BA	HOSPITAL BASED PRACTICE ADMINISTRA-	ADMINISTRA-	MEDICAL	MEDICAL	
		CAKE	I BASED	RESIDENTS	FULL-TIME	NOIL		RESEARCH	OTHER
TOTAL PHYSICIANS	22	21	1		20				
GEN PRACTICE	4	4			— —				•
MEDICAL SPEC.	2	N			~				
X.									
SURGICAL SPEC.	11 2	11.			11				
OBG ORS	42	40			v 4 v				
OTHER SPEC.	.v	4			4			-	7
. O.									1
PTH									
UNSPECIFIED	1	-			-				
				A					

FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND BRANCH OF SERVICE, DECEMBER 31, 1975 (CONTINUED) TABLE 8

VETERANS ADMINISTRATION

				M	MAJOR PROFESSIONAL ACTIVITY	DNAL ACTIVIT	Y		
	I TOTAL I	TOTAL		PATIENT CARE		10	HER PROFESS	OTHER PROFESSIONAL ACTIVITY	
SPECIALTY	PHYS IC I ANS	ц.	OFFICE	HOSPITAL BAS	HOSPITAL BASED PRACTICE ADMINISTRA-	ADMINISTRA-	MEDICAL	MEDICAL	igh en direction des
		CARE	BASED	RESIDENTS	RESIDENTS FULL-TIME	TION	TEACHING	RESEARCH	OTHER
TOTAL PHYSICIANS	18	17.			STAFF 17	1	- Chicago Chair Carlos Chairmanna		
GEN PRACTICE	4	4			4				
MEDICAL SPEC. IM	~ ~	9.9			99	PI rel			
SURGICAL SPEC.		RU 4			10 <				
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OTHER SPEC.	2 -	7-			7.	-			
T d					·				

FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND BRANCH OF SERVICE, DECEMBER 31, 1975 (CONTINUED) TABLE 8

USPHS

				AM.	MAJOR PROFESSIONAL ACTIVITY	ONAL ACTIVIT	χ.		
	TOTAL	TOTAL		PATIENT CARE		IO	HER PROFESS	DTHER PROFESSIONAL ACTIVITY	Y
SPECIALTY	PHYS ICIANS	PATIENT	OFFICE	HOSPITAL BAS	HOSPITAL BASED PRACTICE ADMINISTRA- MEDICAL	ADMINISTRA-	MEDICAL	MEDICAL	
	CARE	CARE		RESIDENTS	RESIDENTS FULL-TIME	TION	LTEACHING	RESEARCH	OTHER
TOTAL PHYSICIANS	_	7	2	7	7		THE CHARLES OF THE CH		
GEN PRACTICE	ю	6	-		7	(i)		-	
SURGICAL SPEC. GS		el el	niga station equips o						
OTHER SPEC.	· · ·	m =			8				
UNSPECIFIED	2	10	4		2				

TABLE 8 FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND BRANCH OF SERVICE, DECEMBER 31, 1975 (CONTINUED)

SERVICE
FEDERAL
OTHER

				***					STANDARD COMMENSA
	TOTAL	TOTAL		PATIENT CARE	ALL PRUFESS	MAJUK PRUFESSTUNAL ACIIVIIY F	HER PROFFSS	OTHER PROFESSIONAL ACTIVITY	^
SPEC IAL TY	I PHY SICIANS	PATIENT	OFFICE	HOSPITAL BAS	SED PRACTICE	HOSPITAL BASED PRACTICE ADMINISTRA-	MEDICAL	MEDICAL I	adenie en encompany
		CARE	BASED	RESIDENTS	RESIDENTS FULL-TIME	TION	TEACHING	RESEARCH	OTH
TOTAL PHYSICIANS	6	9	9		1918	2	AT COMPANY OF THE CONTRACTOR O		
GEN PRACTICE	,	grad .	pre)						
MEDICAL SPEC.		-							
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SURGICAL SPEC. 086		rel pel				east, mugin danni y			
OTHER SPEC.	v →	m				8			
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	14 10 1	. * * * * * * *		3	AJOR PROFESS	IONAL ACTIVE	(X		
× 14 1 7 30 3	TOTAL	TOTAL		PATIENT CARE		[0	-DIHER PROFESSIONAL	ACIIVI	IX
1.121.11.11.11.11.11.11.11.11.11.11.11.1	Luciano	CARE	UFFICE BASED	HOSPITAL BASED_PRACTICE ADMINISTRA- RESIDENTS FULL-TIME TION 1	SED_PRACIICE FULL-TIME STAFF	ADMINISTRA-	MEDICAL TEACHING	MEDICAL RESEARCH 	OTHER
TOTAL PHYSICIANS	828	719	693		25	01	4		6
GENERAL PRACTICE	245	242	240		7		-4		
MEDICAL SPEC.	124	117	113		4				,
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POC	7	7 ~	35						
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SURGICAL SPEC.	231	230	227	_	^				
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JER SPEC	1 271	081					•		
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UNSPECIFIED			0.0		† d	-4	-		
INACTIVE	9							-	
NOT CLASSIFIED	30	-							

TABLE 9 NON-FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31, 1975 (CONTINUED)

IDAHO

	MALE	TOTAL		PATIENT CARE	MAJOR PROFESSIONAL ACTIVITY F	ONAL ACTIVIT	Y HER PROFESS	VIIX OTHER PROFESSIONAL ACTIVITY	
SPECIALTY	P HYSICIANS	_	JOFFICE BASED	HOSPITAL BASED PRACTICE RESIDENTS FULL-TIME I STAFE	SED_PRACILCE FULL-TIME STAFE	ADM IN ISTRA-	MEDICAL TEACHING	MEDICAL RESEARCH	OTHER
MALE PHYSICIANS	808	100	119		22	6	•	5	80
GENERAL PRACTICE	239	237	235		7	-	-		-
MEDICAL SPEC.	120	113	110		m				æ
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3.	~ ~	* -	9 I		-	-			
39	m	m	, m			•			
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29	- 50	⊸ w	·						
7902 1712013	220	228	326			-			
	1 57	977	627	-	70	-			
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980	39	39	36					•	
#60	38	38	37		_			_	
ORS	36	39	39			•			
010	E '	13	£1		-				
2	•	₹1 •	· ·		-	-			
T CKS			- 4	-					
·	50	20	50	-		-	_		
						•			
OTHER SPEC.	138	122	101		12	.	m		4
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OTHER	01		•		m	-	-	-	
UNSPECIFIED	•	9	9		-				
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TABLE 9 NON-FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31, 1975 (CONTINUED)

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	-			AM STATE OF THE ST	JOR PROFESS	MAJOR PROFESS JONAL ACTIVITY	X Second	TOWAL ACTIVIT	×
	FEMALE	TOTAL		PALLENT LAKE		70.00.00.00.00.00	DED FORTERS	LANGEL GENERAL	
SPECIALTY	PHYSICI ANS	PATIENT CARE	OFFICE BASED	HOSPITAL BAS RESIDENTS	FULL-TIME STAFF	AUMINISIKA-I TION	TEACHING	HOSPITAL BASED_ERALITY MEDICAL MEDICAL	отнек
FEMALE PHYSICIANS	30	- 61	91		3				1
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GENERAL PRACTICE	9	'n	ß		_	-			
MEDICAL SPEC.	*	4	ĸ		-			,	
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PD		n	in.						
SURGICAL SPEC.	2	2	2						
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НЬО		-							
OTHER SPEC.		80	•		2				-
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PTH	1 2 1	2	7					-	
OTHER	2	2	-		 .				
UNSPECIFIED		-		3					
		-							
INACTIVE									
NUI CLASSIFIED								Т	

TABLE 10 NON-FEDERAL PHYSICIANS BY SPECIALTY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMBER 31,1975

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OR MORE

SPECIALTY BOARD CERTIFICATION 1 BOARD | 2 BOARDS | NONE 99 75 AND 53 N m ~ 24 65 TO 74 20 22 55 TO 64 88 69 54 187 29 40 10 45 35 TO 44 260 54 91 UNDER 35 23 PHYSICIANS | 838 245 124 147 GENERAL PRACTICE UNSPECIFIED TOTAL PHYSICIANS SURGICAL SPEC. INACTIVE NOT CLASSIFIED SPEC. SPECIALTY OTHER SPEC. OTHER P. M. C PTH DAHO

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53

| SPECIALTY PHYSICIANS UNDER MALE PHYSICIANS UNDER GENERAL PRACTICE 239   2 | 0              |          | AGE      |            |          |        | SPECIALTY | BOARD CERT                | FICATION    |
|---------------------------------------------------------------------------|----------------|----------|----------|------------|----------|--------|-----------|---------------------------|-------------|
| w<br>0                                                                    | NUCK 30        | 35 TO 44 | 45 TO 54 | 55 TO 64   | 65 TO 74 | 75 AND |           | 1 BOARD   2 BOARDS   NONE | NONE        |
|                                                                           | 98             | 255      | 183      | 180        | 11       | 27     | 362       | 16                        | 430         |
| SPEC.                                                                     | 21             | 53       | 99       | 89         | 53       | 8      | 36        |                           | 200         |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                   | 12             | 94       | 32       | 23         | _        |        | 1 71      | m                         | 46          |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                   |                |          | (        | end f      | •        |        | -         | end                       | •           |
|                                                                           |                | 20 P     | 7        | m c        | -        |        | ۰ ۲<br>   |                           |             |
| ~                                                                         | - <del>-</del> | - ~      | 2        | <b>y</b>   |          |        | - ~       | -                         | 7) <b>~</b> |
| ~                                                                         | 9              | 22       | 15       | 14         | - m      |        | 30        |                           | 2.5         |
|                                                                           | m              | σ.       | 13       | e          | , in     |        | 21        |                           | •           |
| and approximation of the state of the state of                            |                | m        |          |            |          |        | 3         |                           | 2           |
|                                                                           |                |          |          |            |          |        | ******    | ***                       |             |
|                                                                           | 50.            | *6       | \$ ·     | 45.        | 2.       | ET.    | 166       | ~                         | 56          |
|                                                                           | -              | *2       | 19       | 17         | *        |        | ~ ·       | en -                      | 2           |
|                                                                           | 10             | 1 91     | V 4      | 12         | ~        |        |           |                           | 11 02       |
|                                                                           | -              | 13       | . 4      | 7          | 150      | 2      | 1 28      | -                         | , ,         |
|                                                                           | m              | 16       | 11       | 60         | <u></u>  |        | 96        |                           | <b>F</b> 1  |
| 010                                                                       | m              | - (      |          | m.         | ******   |        | II '      |                           |             |
| CRS CRS                                                                   |                | 7        | -        | ~          | , m      |        | 2         |                           | pendi (me   |
| 15                                                                        | -              | 6        |          | -          | 1        |        |           | 60                        |             |
| - SO -                                                                    | <br>4          | o o      | S.       | *          | ***      | und    | 13        |                           |             |
| SPEC. I                                                                   | 19             | 64       | 38       | 56         | •        |        | 89        | īv                        | 9           |
| AN ( 23 (                                                                 | <del>т</del> . | 6        | 0        | 2          | -        |        | 00        |                           | end .       |
| CHO                                                                       |                | ,        |          | , jung     |          |        |           |                           |             |
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| - %                                                                       | ~              |          | 7 0      | ^          | 4 ~      |        | * 4       |                           | .,          |
|                                                                           | 1              | . 00     |          | 1 (47      |          |        | . 57      |                           | •           |
|                                                                           | -              |          |          | 7          | -        |        | 2         |                           |             |
| -                                                                         | ****           |          | *****    | *****      |          |        | -         | •••                       |             |
| •                                                                         | , mel          |          |          | 4          |          |        | , mi      |                           |             |
| 7 32 T                                                                    |                |          | o -      | <b>~</b> ~ | 2        |        | 25        |                           |             |
| 4FR 1                                                                     | · ·            | 7 2      | 4        | . ~        |          |        |           | -                         |             |
| CIFIED !                                                                  | 4              |          | ·        | ,          |          |        |           |                           |             |
| _                                                                         |                | ~        | -        | œ          |          | 22     | œ         | ur en                     | 79          |
| NOT CLASSIFIED I AS                                                       | 7.             | : =      | ,        | ,          |          | j<br>ž |           | -                         |             |

TABLE 10 NON-FEDERAL PHYSICIANS BY SPECIALTY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMBER 31,1975 (CONTINUED)

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|                         | TOTAL            |          |          | AGE        | <u> </u> |                |        | SPECIALTY | SPECIALTY BOARD CERTIFICATION | FICATION |
|-------------------------|------------------|----------|----------|------------|----------|----------------|--------|-----------|-------------------------------|----------|
| SPECIALTY               | PHYSICIANS UNDER | UNDER 35 | 35 TO 44 | 45 10 54   | 55 TO 64 | 65 TO 74       | 75 AND | 1 BOARD   | 2 BOARDS                      | NONE     |
| FEMALE PHYSICIANS       | 30               | 6        | 5        | +          | 8        | 2              | 2 i    | 10        | L US BUKE                     | 20       |
| GENERAL PRACTICE        | 9                | 7        |          |            | -        |                |        | -         |                               | 80       |
| MEDICAL SPEC.           | 4-               | ~        | ~-       |            |          |                |        | 4.        |                               |          |
| 00                      | - m              | 7        |          |            |          |                |        | m         |                               |          |
| SURGICAL SPEC.          | 2                | •        |          |            | ~        |                |        |           |                               | ~        |
| 064<br>004              |                  |          |          |            |          |                |        |           |                               |          |
| OTHER SPEC.             | 0 0              | ٥,       | 8        | m -        | 2        |                | -      | . O       |                               | 4        |
| 2 0.                    | n ==             | -        |          | <b>-</b> - | -        |                |        | m         |                               | -        |
| PTH<br>OTHER            |                  |          |          |            | -        | _              |        | 7         |                               | ~        |
| UNSPECIFIED             |                  |          |          |            |          | - <del> </del> | -      |           |                               | -        |
| INACTIVE NOT CLASSIFIED | 2 2 2            | - 2      |          |            | m        |                | 2      |           |                               | 7 2      |

TABLE 11 NON-FEDERAL PHYSICIANS BY ACTIVITY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMBER 31, 1975

IDAHO

|                             | TOTAL | _             |                                           | A         | AGE      |          |          | SPE     | SPECIAL TY ROARD | 80   |
|-----------------------------|-------|---------------|-------------------------------------------|-----------|----------|----------|----------|---------|------------------|------|
| PROFESS I ONAL              | PHYSI | -             |                                           |           |          |          | 75 AND   | CE      | CERTIFICATION    |      |
| ACTIVITY                    | CIANS | UNDER 35<br>1 | UNDER 35/35 TO 44/45 TO 54/55 TO 64/65 TO | 145 TO 54 | 55 TO 64 | 65 TO 74 | OVER     | 1 BOARD | 12 BOARDS        | NONE |
|                             |       |               |                                           |           |          |          |          |         |                  |      |
| TOTAL PHYSICIANS            | 838   | 66            | 260                                       | 187       | 188      | 2        | 53       | 372     | 91               | 450  |
| PATIENT CARE                | 119   | 75            | 237                                       | 182       | 167      | 53       | 'n       | 338     | 15               | 366  |
| OFFICE BASED PRACTICE       | 669   | 89            | 227                                       | 175       | 165      | 53       | <b>I</b> | 330     | 13               | 350  |
| PRIMARY CARE                | 364   | 35            | 97                                        | 16        | 86       | 35       | 7        | 120     | ~                | 243  |
| NUI PRIMARY CARE            | 329   | 33            | 130                                       | 78        | 67       | 18       | m        | 210     | 12               | 101  |
| HOSPITAL BASED PRACTICE     | 26    | ~             | 01                                        | 7         | 7        |          |          | ∞       |                  | 91   |
| FULL-TIME STAFF             | 25    | ~ •           | 01                                        | ~         | 8        |          |          | 60      | 7                | 12   |
| OTHER PROFESSIONAL ACTIVITY | 78    | m             | 01                                        | m         | 0        | ĸ        |          | 16      |                  | 12   |
| INACTIVE                    | 19    | ~             | 2                                         | -         | 11       | 22       | 24       | 60      |                  | 53   |
| NOT CLASSIFIED              | 30    | 16            | 11                                        | 7         | -        | ~        |          | 10      |                  | 19   |

TABLE 11 NON-FEDERAL PHYSICIANS BY ACTIVITY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMBER 31, 1975 (CONTINUED)

IDAHO

|                              | TOTAL |          |                                           | AG       | AGE      |          |        | SPE     | SPECIALTY BOARD | RD  |
|------------------------------|-------|----------|-------------------------------------------|----------|----------|----------|--------|---------|-----------------|-----|
| PROFESSIONAL                 | PHYSI |          |                                           |          |          |          | 75 AND | CE      | CERTIFICATION   | 2   |
| ACTIVITY                     | CIANS | UNDER 35 | UNDER 35 35 TO 44 45 TO 54 55 TO 64 65 TO | 45 10 54 | 55 TO 64 | 65 TO 74 | OVER   | 1 BOARD | 12 BOARDS       | NON |
|                              |       |          |                                           |          |          |          |        |         | LOR MORE        |     |
|                              |       |          |                                           |          |          |          |        |         |                 |     |
| MALE PHYSICIANS              | 808   | 98       | 255                                       | 183      | 180      | 77       | 27     | 362     | 16              | 430 |
| PATIENT CARE                 | 700   | 69       | 232                                       | 179      | 162      | 53       | 'n     | 329     | 12              | 356 |
| OFFICE BASED PRACTICE        | 1 677 | 63       | 224                                       | 172      | 160      | 53       | IV.    | 322     | 13              | 342 |
| PRIMARY CARE                 | 355   | 31       | 95                                        | 96       | 96       | 35       | 7      | 116     |                 | 238 |
| NOT PRIMARY CARE             | 322   | 32       | 129                                       | 76       | 49       | 18       | m      | 506     | 12              | 104 |
| HOSPITAL BASED PRACTICE      | 23    | 9        | 60                                        | -        | 8        |          |        | 1       | 2               | 14  |
| RESIDENTS<br>FULL-TIME STAFF | 22    | - 5      | 0                                         | ~        | 8        |          |        | 7       | 2               | 13  |
| OTHER PROFESSIONAL ACTIVITY  | 56    | 6        | 10                                        | 2        | 6        | 7        |        | 15      |                 | 11  |
| INACTIVE                     | 24    | -        | 2                                         | -        | œ        | 21       | 22     | 60      |                 | \$  |
| NOT CLASSIFIED               | 28    | 14       | 11                                        | -        | -        | 7        |        | 10      |                 | 11  |

TABLE 11 NON-FEDERAL PHYSICIANS BY ACTIVITY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMBER 31, 1975 (CONTINUED)

|                                                           | TOTAL |                |           | A        | AGE      |                                              |        | SPEC    | SPECIALTY BOARD  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------|-------|----------------|-----------|----------|----------|----------------------------------------------|--------|---------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROFESSIONAL                                              | PHYSI |                |           |          | _        |                                              | 75 AND | CER     | CERTIFICATION    | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ACTIVITY                                                  | CIANS | IUNDER 35<br>I | 135 TO 44 | 45 TO 54 | 55 TO 64 | UNDER 35 35 TO 44 45 TO 54 55 TO 64 65 TO 74 | I OVER | 1 BOARD | BOARD 12 BOARDS! | NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                           |       |                |           |          |          |                                              |        |         |                  | and the same of th |
| FEMALE PHYSICIANS                                         | 30    | 6              | ī,        | 4        | · · · ·  | 2                                            | 2      | 01      |                  | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| PATIENT CARE                                              | 19    | •              | ίΩ        | 6        | ·        |                                              |        | 6       |                  | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| OFFICE BASED PRACTICE<br>PRIMARY CARE<br>NOT PRIMARY CARE | 16 9  | <br>N 4 -      | - 23      | e        |          |                                              |        | 00 4 4  |                  | æ v. ₁                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| HOSPITAL BASED PRACTICE<br>FULL-TIME STAFF                | - m m |                | . 22      |          |          |                                              |        |         |                  | 5 2 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| OTHER PROFESSIONAL ACTIVITY                               | ~     |                |           |          |          |                                              |        |         |                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| INACTIVE                                                  | 7     |                |           |          | Е        |                                              | 2      |         |                  | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NOT CLASSIFIED                                            | 2     | 2              |           |          | -        |                                              |        |         |                  | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

TABLE 12 NON-FEDERAL PHYSICIANS BY STATE AND COUNTRY OF GRADUATION AND ACTIVITY, DECEMBER 31, 1975

|                                       | TOL        | TOTAL           |                  | •                         |                                  | 2 1 1 2 2                     |          |                     |
|---------------------------------------|------------|-----------------|------------------|---------------------------|----------------------------------|-------------------------------|----------|---------------------|
| OF SOADILATION                        | 20121      | 1014            | 1                |                           |                                  | UINEK                         |          | 2                   |
| UF GRADUALIUN                         | PHTSICIANS | PALIENI<br>CARE | UFFICE<br>BASED: | HUSELIAL BAS<br>RESIDENTS | SASEU PRACIICE<br>IS I FULL-TIME | PROFESSIO-<br>NAL<br>ACTIVITY | INACTIVE | CLASSIFIED<br> <br> |
| TOTAL PHYSICIANS                      | 838        | 719             | 669              | ,-1                       | 25                               | 28                            | 61       | 30                  |
| UNITED STATES                         | 812        | 969             | 674              | d                         | 21                               | 27                            | 09       | 29                  |
| AKIZONA<br>ARKANSAS                   |            |                 | 4                |                           |                                  |                               |          | <b>~</b>            |
| CALIFORNIA                            | 45         | 36              | 37               |                           | ^                                |                               | 7        | 0                   |
| COLORADO                              | 24         | 20              | 50               |                           | ,                                | ~                             | - 17)    | 4                   |
| CONNECTIONT                           | 9          | 4               | 4                | _                         | - Galler                         | -                             | 7        |                     |
| ٠.<br>١                               | 56         | 56              | 25               |                           | -                                | _                             |          | _                   |
| FLUXIDA                               | 4 4        | 4 .             | m .              |                           | _                                |                               |          | 1                   |
| SECRETA                               |            | 4 6             | + [              |                           | (                                |                               |          | ·                   |
| INCIANA                               | 26         |                 |                  |                           | 7                                | 7 -                           | 13       | ~ ,                 |
| T T T T T T T T T T T T T T T T T T T | 707        | 71              | 1,5              |                           | _                                | -                             | 7 7      |                     |
| X X X X X X X X X X X X X X X X X X X | 20 20      | 202             | 26               |                           | 4                                | _                             | <b>:</b> | 7                   |
| KENTUCKY                              | 9          | 9               | 9                |                           |                                  |                               |          |                     |
| LOUISIANA                             | 14         | 12              | 12               |                           |                                  |                               |          |                     |
| MARYLAND                              | 17         | 12              | 11               |                           | ,1                               | N                             | 7        | -                   |
| MASSACHUSETTS                         | 14         | 11              | 11               |                           |                                  |                               | 2        |                     |
| MICHIGAN                              | 16         | 14              | 14               | _                         |                                  | _                             |          | , mg                |
| MINNESOTA                             | 25         | 22              | 21               | _                         | -                                | _                             | 7        | _                   |
| ISSISSIPPI                            | 7 !        | -               | -                |                           |                                  |                               |          | -                   |
| MISSUCKE                              | / + /      | 9 7             | 3 40             |                           | -                                |                               | 4 .      | 2 .                 |
| NEORASKA<br>Kena ledona               |            | 32              | 32               |                           |                                  | 4                             | ₹        | ~                   |
| STE STEE                              | 2,5        | 1 60            | 22               | _                         | -                                | -                             |          | ,                   |
| NORTH CAROLINA                        |            | יייי לי         |                  | •                         | -                                | •                             | n        | <b>*</b>            |
| OH10                                  | 33         | 59              | 52               | -                         | -                                | _                             | ຠ        |                     |
| GKLAHDMA                              | 12         | 10              | 6                | _                         | ~                                | -                             |          | 1                   |
| OREGON                                | 76         | 89              | 9                |                           | 9                                | E                             | *        | _                   |
| PENNSYLVANIA                          | 53         | 94              | 43               | _                         | <del>-</del> е                   | ~                             | 4        | -                   |
| TENNESSEE                             | 13         | 12              | 12               |                           |                                  |                               | ~        | _                   |
| TEXAS                                 | 61         | 14              | 13               |                           | -                                | 7                             | ~~       | er.                 |
| UTAH                                  | 26         | 54              | 53               |                           | -                                |                               |          | 2                   |
| VERMONT                               | ur)        | 41              | 4                |                           |                                  | -                             |          |                     |
| VIRGINIA                              | ς (        | ٠,              | \$               |                           | •                                |                               |          | _                   |
| EAUTING TON                           | 77         | 23              | 27.              |                           | m                                | ~                             |          | 2                   |
| MI SCONS IN                           | 201        | ~ ,             |                  |                           |                                  | -                             |          |                     |
| CANADA<br>OUTSTOE H S. F. CANADA      | 13         | 11              | ) i              |                           |                                  | -                             | -        | ~                   |
| 3 000                                 | CT         | 77              |                  |                           | n                                | -                             |          |                     |

TABLE 13 NON-FEDERAL PHYSICIANS BY COUNTY GROUP, ACTIVITY, AND SEX, DECEMBER 31, 1975

| 9    |
|------|
| IDAH |

|                             | NOT CLASSIFIED    |                       | the side total data sake state of the secretarists and Advance | 30               | 4    | _    | · m  | 7    | е<br>- | 9   | <br>788         | 4   | 9        | 3    | _   | 2        | 9   |   | 2                 |   | _ | _        | _ | _  |            |  |
|-----------------------------|-------------------|-----------------------|----------------------------------------------------------------|------------------|------|------|------|------|--------|-----|-----------------|-----|----------|------|-----|----------|-----|---|-------------------|---|---|----------|---|----|------------|--|
|                             | TNACTIVE          |                       |                                                                | 19               | 7.   | 12   | 18   | 9    | _      | 13  | 54              | ī   | 80       | 16   | 9   | _        | 12  |   | 7                 |   | 4 | 7        |   |    |            |  |
|                             | OTHER OTHER       | ACTIVITY              |                                                                | 28               |      |      | •    | 4    | 7      | 16  | 56              |     |          | 9    | 4   | 7        | 14  |   | 8                 |   | _ |          |   | _  | 5          |  |
| ΙΙΥΙΙΥ                      | ED PRACTICE       | RESIDENTS   FULL-TIME |                                                                | 25               | _    | 6    | S.   | _    | _      | 6   | 22              | _   | <u>-</u> | 4    | •   |          | 6   |   | m                 | _ |   | -        | - |    |            |  |
| MAJOR PROFESSIONAL ACTIVITY | PATIENT CARE      | RES IDENTS            |                                                                | _                | _    | _    |      | -    |        |     | <br>-<br>-      |     |          |      | _   |          | -   |   |                   |   |   |          |   |    |            |  |
| MAJOR                       |                   | OFFICE BASED          |                                                                | 669              | 63   | 73   | 1 79 | 1 46 | 2      | 162 | 677             | 95  | 72       | 175  | 145 | 69       | 157 |   | 16                | _ | - | 4        | 4 | -  | 5          |  |
|                             | I TOTAL PATIFNT!  | CARE                  |                                                                | 119              | 1 49 | 1 92 | 184  | 154  | 70     | 171 | 700             | 62  | 75       | 1 79 | 149 | 69       | 166 |   | 19                | 2 | _ | -        | 5 | _  | 50         |  |
|                             | TOTAL PHYSICIANS! |                       |                                                                | 838              | 73   | 1 66 | 211  | 171  | 82     | 700 | 808             | 7.1 | 89       | 204  | 166 | 80       | 198 |   | 30                | 2 | 9 | _        | 5 | 7  | <b>6</b> 0 |  |
|                             | COUNTY GROUP      |                       |                                                                | TOTAL PHYSICIANS | _    | 7    | m    | 4    | 'n     | •   | MALE PHYSICIANS | 7   | 2        | m    | 4   | <u>د</u> | 9   | - | FEMALE PHYSICIANS | - | 2 | <u> </u> | * | ın | 9          |  |

TABLE 14 NON-FEDERAL PHYSICIANS BY CCUNTY GROUP, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION, DECEMBER 31, 1975

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|                   | TOTAL      |           |          | A GE     |          |          |            |           | BOARDS     |   |
|-------------------|------------|-----------|----------|----------|----------|----------|------------|-----------|------------|---|
| COUNTY GROUP      | PHYSICIANS | UNDER 35  | 35 TO 44 | 45 10 54 | 55 TO 64 | 65 70 74 | 75 AND     | 1 BOARD   | 1 2 BOARDS | Z |
|                   |            |           |          |          |          |          | OVER       |           | 1_OR_MORE1 |   |
|                   |            |           |          |          |          |          |            |           |            |   |
| TOTAL PHYSICIANS  | 838        | 95        | 260      | 187      | 188      | 42       | 29         | 372       | 191        |   |
| -                 | 73         | 6         | 12       | 18       | 12       |          | - <b>7</b> | 13        | _          |   |
| 2                 | 1 66 1     | 14        | 24       | 14       | 23       | 15       | 2          | 21        |            |   |
| en .              | 211        | 25        | 59       | 53       | 1 40     | 26       | 80         | 26        | 2          |   |
| 4                 | 171        | 20        | 1 09 1   | 8 7      | 34       |          | 9          | 68        | 3 –        |   |
| in                | 1 82 1     | 10        | 7 26     | 19       | 1 20 1   | 9        | 4          | 45        |            |   |
| 9                 | 206        | 17        | 1 62     | 35       | 1 50     | 21       | 4          | 112       | 01         |   |
|                   |            |           |          |          |          |          |            |           |            |   |
| MALE PHYSICIANS   | 808        | 98        | 255      | 183      | 180      | 77       | 27         | 362       | 16         |   |
|                   | 11         | 6         | - 11     | 18       | 702      |          | 7          | 12        | _          |   |
| 2                 | 68         | 13        | 23       | 14       | 21       | 14       | *          | 20        | _          |   |
| ĸ                 | 1 204      | 53        | 58       | 55       | 38       | 79       | ~          | 06        | 2          |   |
| 4                 | 166        | 18        | - 65     | 14       | 33       | - e      | 9          | 88        | 3 -        |   |
| 5                 | 80         | 6         | 26       | 18       | 20       | т        | 4          | 45        |            |   |
| 9                 | 198        | 14        | 78       | 34       | 8 7      | . 20     | 4          | 107       | 01         |   |
|                   |            |           |          |          |          |          |            |           |            |   |
| FEMALE PHYSICIANS | 30         | 6         | 2        | 4        | 8        | 7        | 2          | 10        | _          |   |
| -                 | 2          |           | -        |          | -        | _        | ,          |           |            |   |
| 2                 | 9          | -         | _        |          | 2        |          |            | <b>-</b>  |            |   |
| ĸ                 |            | 5         | -        | 7        | 7        |          | -          | 5         |            |   |
| 4                 | <u>-</u>   | 7         |          | ·        | -        |          |            | _         |            |   |
| S                 | 7          | <b></b> ( | _        | <b>-</b> |          | ,        |            |           |            |   |
| φ                 | æ,         | m         |          | -        | 7        | <b>-</b> | _          | <b></b> - |            |   |
|                   |            |           |          |          | T        |          |            |           | T          |   |

TABLE 15 NON-FEDERAL PHYSICIANS BY CGUNTY GROUP AND COUNTRY OF GRADUATION, DECEMBER 31, 1975

| ІОАНО            | -           |       | ٠            |               |                                                  |        |                 |
|------------------|-------------|-------|--------------|---------------|--------------------------------------------------|--------|-----------------|
|                  | _           |       |              | COUNTRY OF    | GRADUALION                                       |        |                 |
| COUNTY GROUP     |             |       |              | UNITED STATES |                                                  |        | OUTSIDE         |
|                  | PHYSICI ANS | TOTAL | WITHIN STATE | CONTIGUOUS    | WITHIN STATE   CONTIGUOUS   OTHER STATE   CANADA | CANADA | U.S. AND CANADA |
| TOTAL PHYSICIANS | 838         | 812   |              | 159           | 653                                              | 13     | 13              |
|                  | 73          | 69    |              | 1. 12         | 1 22                                             | -      | m               |
| 2                | - 66        | 91    |              | 20            | 1 71 1                                           | 2      | - 5             |
| m                | 211         | 204   |              | 27            | 1 177                                            | ٣      | 4               |
|                  | 171         | 164   | _            | 36            | 128                                              | 4      | 3               |
| . 5              | 82          | 81    | _            | 17            | 1 99 -                                           |        | ****            |
| 9                | 7 506       | 203   |              | 24            | 1.56                                             | 2      |                 |
|                  |             |       |              |               |                                                  |        |                 |

TABLE 16 NON-FEDERAL PHYSICIANS BY HEALTH SERVICE AREA, SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31, 1975

IDAHO

|                  |                | san maddaninan any distant design on a | ally ago and any Africa's appoint devalue and | V M                                                           | MAJOR PROFESSIONAL ACTIVITY      | ONA! ACTIVI         | ۸_                  |                |       |
|------------------|----------------|----------------------------------------|-----------------------------------------------|---------------------------------------------------------------|----------------------------------|---------------------|---------------------|----------------|-------|
|                  | TOTAL          |                                        |                                               | PATIENT CARE                                                  |                                  | 0                   | OTHER PROFESSIONAL  | IONAL ACTIVITY | Y     |
| SPECIALTY        | PHYSICIANS     | ۵.                                     | OFFICE<br>BASED                               | HOSPITAL BASED PRACIICE<br>  RESIDENTS   FULL-TIME<br>  STAFF | SED_PRACIICE   FULL-TIME   STAFF | ADMINISTRA-<br>TION | MEDICAL<br>TEACHING |                | отнек |
| TOTAL PHYSICIANS | 838            | 719                                    | 669                                           | 7                                                             | 25                               | 10                  | 4                   | N.             | Ó     |
| GENERAL PRACTICE | 245            | 242                                    | 240                                           |                                                               | 7                                |                     | , <b>-</b> 1        |                | 1     |
| MEDIÇAL SPEC.    | 124            | 1117                                   | 113                                           |                                                               | 4                                |                     |                     | m              | 9     |
| <b>€</b> 0       | 76             | 7 89                                   | 3 80                                          |                                                               | •                                |                     |                     | -              |       |
| ۵۷               | 717            | 11                                     | 11                                            |                                                               |                                  |                     |                     |                |       |
| u æ              | 61             | U 10                                   | 52                                            |                                                               | m                                | -                   |                     | 2              | 3     |
| PD               | 32             | 32                                     | 32                                            |                                                               |                                  |                     |                     |                |       |
| PDC              | ·              | <b></b>                                |                                               |                                                               | -                                |                     |                     |                |       |
| 2                | - <del>-</del> | 1                                      |                                               |                                                               | •                                |                     |                     |                |       |
| SURGICAL SPEC.   | 231            | 230                                    | 227                                           | -                                                             | 21                               |                     |                     | 7              |       |
| 65               | 65             | 65                                     | 69                                            |                                                               | 7                                |                     |                     | -              |       |
| SS               | - 0            | φς,                                    | o (                                           |                                                               | _                                |                     |                     | <b>→</b>       |       |
| 590              | 940            | 0+<br>0+<br>0+                         | 38                                            |                                                               | _                                |                     |                     |                |       |
| 280              | 39             | 66                                     | 36                                            |                                                               |                                  |                     |                     |                |       |
| 010              | 13             | 13                                     | 13                                            |                                                               |                                  |                     |                     |                |       |
| PS               | 3              | ო                                      | en -                                          |                                                               |                                  |                     |                     |                |       |
| CRS              |                | <b></b>                                | <b></b> -                                     |                                                               |                                  |                     |                     |                |       |
| s n              | 20 7           | 20                                     | 20 5                                          |                                                               |                                  |                     |                     |                |       |
| OTHER COEC       | 1 721          | 130                                    | 13                                            |                                                               | 1 21                             | œ                   | m                   |                | S     |
| AN STEE          | 26             | 25                                     | 25                                            | _                                                             | ;                                | ,                   | •                   | 1              | 1     |
| CHP              | -              |                                        |                                               | _                                                             | _                                | _                   | <i>p</i> -4         |                |       |
| DR               | 9              | 3                                      | 4                                             |                                                               | -                                | ,                   |                     |                | -     |
| Z                |                | 9 ;                                    | 9 :                                           |                                                               |                                  | <b>~</b>            | •                   |                |       |
| a. 6             | 25             | 24<br>15                               | 71                                            |                                                               | η -                              |                     | <b>-</b>            |                | ^     |
| . a              |                | 30                                     |                                               |                                                               |                                  |                     |                     | -              | J     |
| <b>₹</b> 65      | 7 2            | 4 ~4                                   |                                               |                                                               | 4                                | -                   |                     |                |       |
| H                | 9              |                                        | _                                             | _                                                             | _                                | رح<br>ح             |                     |                |       |
| 'α               | 32             | 31                                     | 1 27                                          | _                                                             | 4                                |                     |                     |                | 1     |
| ıR               | 4              | 4                                      | 2                                             |                                                               | ~ ~                              | •                   | •                   |                |       |
| OTHER            | 12             | o 1                                    | ر<br>د                                        |                                                               | ∢,                               |                     | <b></b>             | <b>-</b>       |       |
| UNSPECIFIED      | ,              |                                        | ٩                                             |                                                               | 7                                |                     |                     |                |       |

OTHER OTHER PROFESSIONAL ACTIVITY
1-1 MEDICAL | MEDICAL |
1 TEACHING | RESEARCH | -MAJOR PROFESSIONAL ACTIVITY PATIENT CARE HASED PRACTICE ADMINISTRAæ 0 15 22 STAFE 225 107 23 OFFICE BASED TOTAL PATIENT CARE 228 65 237 | TOTAL | 222 655 339 339 113 20 138 23 123 15 15 15 10 10 GENERAL PRACTICE UNSPECIFIED INACTIVE NOT CLASSIFIED SURGICAL SPEC. MALE PHYSICIANS MEDICAL SPEC. OTHER SPEC. SPECIAL TY OTHER CD GE PDC PDC PA GPM TR IDAHO

TABLE 16 NON-FEDERAL PHYSICIANS BY HEALTH SERVICE AREA, SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31, 1975 (CONTINUED)

IDAHO

TABLE 17 NON-FEDERAL PHYSICIANS BY HEALTH SERVICE AREA, SPECIALTY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMBER 31, 19

| Comments of the continues and the forther the continues and the co | TOTAL        |          |                                       | AG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AGE      |          |        | SPECIALIY | Y BOARD CERTIFICATIO | FICATIO                 |
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| SPECIALTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PHY SICI ANS | UNDER 35 | 35 TO 44                              | 45 10 54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 55 10 64 | 65 TO 74 | 75 AND | 1 BOARD   | 2 BUARDS I           | NON                     |
| TOTAL PHYSICIANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 838          | 95       | 260                                   | 187                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 188      | 62       | 29     | 372       |                      | 4                       |
| GENERAL PRACTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 245          | 23       | 54                                    | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 69       | 30       | 2      | 74        | 40 -                 | 20                      |
| MEDICAL SPEC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 124          | \$       | <b>3</b>                              | 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 23       | ~        |        | 75        | Э.                   | 4                       |
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| PDC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -            |          |                                       | }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |          |        | 7         |                      |                         |
| PUD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>.</b>     |          | m                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | -        |        | m<br>     |                      |                         |
| SURGICAL SPEC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 231        | 20       | \$                                    | 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 26       | 13       | m      | 166       | -                    |                         |
| S.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 19           | -        | 24                                    | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17       | 4        |        | 41        | 6                    | •                       |
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| CHP<br>C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -            |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ~·       | •        |        | ·         |                      |                         |
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| UNSPECIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _            | 4        | 2                                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |          |        | rd<br>    | -                    |                         |
| INACTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 61           | -        | 2                                     | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11       | 22       | 54     | 8         | *******              | •                       |
| NOT CLASSIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 30           | 16       | 11                                    | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ri       | -        |        | )I        |                      |                         |
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TABLE 17 NON-FEDERAL PHYSICIANS BY HEALTH SERVICE AREA, SPECIALTY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMBER 31, 19 (CONTINUED)

| IDAHU                              | K           |                |          |          | 1 - CHANGE OF OR OR OR VESTOR OF OR OR |          |        |                        |             |         |
|------------------------------------|-------------|----------------|----------|----------|----------------------------------------|----------|--------|------------------------|-------------|---------|
| SPECIALTY                          | PHYSICIANS  | UNDER 35       | 35 TO 44 | 45 TO 54 | GE<br>  55 TO 64                       | 65 TO 74 | 75 AND | SPECIALIX<br>  1 BOARD | ۹           | FICATIO |
| MALE PHYSICIANS                    | 808         | 86             | 255      | 183      | 180                                    | 77       | 27     | 362                    | I UK MUKE I | 43      |
| GENERAL PRACTICE                   | 239         | 21             | 53       | 99       | 89                                     | 59       | 2      | 39                     |             | 20      |
| MEDICAL SPEC.                      | 120         | 12             | 46       | 32       | 23                                     | ~        |        | 17                     | en -        | 4       |
| CO                                 | 76          |                | m        | 7        | -1 60                                  |          |        |                        |             |         |
| o<br>GE                            | 111         | ~              | ~ ~      | 2        | 5                                      |          |        | - ~                    |             |         |
| PD PD                              | 1 62 1      | 9 6            | 22       | 13       | 14                                     | E 11     |        | 30                     |             | 2       |
| POC<br>PUD                         | in          | -              | m        |          |                                        |          |        |                        |             |         |
| SURGICAL SPEC.                     | 229         | 20             | 96       | 45       | 54                                     | 13       | 3      | 166                    |             | 5       |
| Z Q                                | - 65        | _              | 24       | 19       |                                        | 4        |        | 41                     | е           | 2       |
| 086                                | 39          | 201            | 16       | 4        | 12                                     | 2 :      | ć      | 31                     |             |         |
| ORS                                | 39          | - m            | 16       | 7 [      | - 80                                   |          | 7      | 36                     | -           |         |
| 010<br>29                          | 13          | <del>-</del> - | ~ ^      |          | ю <b>-</b>                             |          |        | 11                     |             |         |
| CRS                                |             |                |          | -        | •                                      |          |        | 7                      |             |         |
| s n                                | 7 7         |                | m o      | S        | - 4                                    |          | -      | 1 13                   | e<br>       | •       |
| OTHER SPEC.                        | 138         | 19             | 64       | 38       | 26                                     | 9        |        | 89                     |             | 9       |
| AN<br>Cu                           | 23          | e e            | 6        | 6        | 7-                                     | *****    |        | 80 +                   |             | 1       |
| 28                                 | 19          | 2              | 2        |          |                                        | 7        |        | - 2                    |             |         |
| <b>z</b> a                         | 7 24        |                | 2 1      | 12       | 0                                      |          |        | 4 4                    |             | ,., e   |
| РТН                                | 15          |                | - 80     | 14       | . w                                    | 4        |        | 14                     | 7           | ĭ       |
| . <b>X</b><br><b>X</b> 00<br>0. 00 | 2 2         |                | ,        |          | 5                                      |          |        | 2                      |             | •       |
| Hd                                 | 9           | ,              | •        |          | 4                                      |          |        |                        |             | •       |
| o∠<br>≻                            | 32          |                | 13       | 6 -      |                                        | 7        |        | 25                     |             |         |
| OTHER                              | 100         | . 22           | 7 -      |          | 2                                      |          |        |                        |             |         |
| 71 - 121                           |             | <b>-</b>       | -        | -        |                                        |          |        | <b>-</b>               |             | •       |
| INACTIVE<br>NOT CLASSIFIED         | 28          | 14             | 11       |          | 80 7                                   | 21 1     | 22     | 10                     | m.          | 46      |
|                                    | <del></del> |                |          | T        |                                        |          |        |                        |             | -       |

| TABLE 17 NON-FEDERAL<br>(CONTINUED)    | PHYSICIANS  | ВУ НЕАСТН | SERVICE AREA | V+ SPECIALTY | r AGE, SPE | PHYSICIANS BY HEALTH SERVICE AREA, SPECIALTY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DEC | CERTIFICA | TION, AND SE     | X, DEC  |
|----------------------------------------|-------------|-----------|--------------|--------------|------------|------------------------------------------------------------------------------------------------|-----------|------------------|---------|
| 1 DA НО                                |             |           |              |              |            |                                                                                                |           |                  |         |
|                                        | TOTAL       |           |              | AGE          | F          | ***                                                                                            |           | SPECTALTY        | ROARD   |
| SPECIALTY                              | PHYSICIANS  | UNDER 35  | 35 TO 44     | 45 TO 54     | 55 TO 64   | 65 10 74                                                                                       | 75 AND    | 1 BOARD          | 2 B0A   |
| FEMALE PHYSICIANS                      | 30          | 6         | 5            | 4            | .89        | 2                                                                                              | 2         | 10               | - VB-EX |
| GENERAL PRACTICE                       | 9           | 2         |              | -            |            |                                                                                                |           |                  |         |
| MEDICAL SPEC.<br>IM<br>PD              | 4 m m       | 2 2       | 711          |              |            |                                                                                                |           | 416              |         |
| SURGICAL SPEC.<br>OBG<br>OPH           | 2           |           |              |              | 1 1 2      |                                                                                                |           |                  |         |
| OTHER SPEC. AN P PTH OTHER UNSPECIFIED | 6 M H N N H | 1 1 2     | 1 1 2        |              | 7          |                                                                                                |           | υ <sub>ω</sub> α |         |
| INACTIVE<br>NOT CLASSIFIED             | 2 2         | 7 7       |              |              | m          | ~                                                                                              | 7         |                  |         |

| MARTIN'S TIME MENNENNY CONTRACTOR AND |               |                       | MAJOR        | PROFESSIONAL ACTIVITY | TIVITY                               |                          | -        | -                                       |
|---------------------------------------------------------------------------|---------------|-----------------------|--------------|-----------------------|--------------------------------------|--------------------------|----------|-----------------------------------------|
| STATE AND                                                                 | TOTAL         |                       |              | PATIENT CARE          |                                      | OTHER                    | -        | NOT                                     |
| GRADUATION                                                                | PHYSICIANS 10 | IOTAL PATIENT<br>CARE | OFFICE BASED | RESIDENTS             | BASED PRACTICE S   FULL-TIME L STAFF | PROFESSIONAL<br>ACTIVITY | INACTIVE | CLASSIFIED                              |
| TOTAL PHYSICIANS                                                          | 838           | 719                   | 663          | p=4                   | 25                                   | 28                       | 61       | 30                                      |
| JNITED STATES                                                             | 812           | 969                   | 74.9         | <b>F</b>              | 21                                   | 27                       | 09       | 29                                      |
| AKILUNA<br>ARKANSAS                                                       |               | · •                   | · ·          |                       |                                      |                          | -        | -                                       |
| CALIFORNIA                                                                | 45            | 39                    | 37           |                       | 2                                    |                          | 4        | 2                                       |
| COLORADO                                                                  | 24            | 50                    | 50           |                       |                                      | p=4 p                    | e .      | -                                       |
| D.C.                                                                      | 53            | 56                    | 25           |                       | -                                    |                          |          | -                                       |
| FLORIDA                                                                   | 4             | 4                     | 8            |                       |                                      | 1                        |          |                                         |
| GEORGIA                                                                   | 200           | 4 6                   | 4 4 4        |                       | 0                                    | •                        |          |                                         |
| INDIANA                                                                   | 16            | 12                    | 12           |                       |                                      |                          | 2        | 4 prof                                  |
| IOWA                                                                      | 22            | 16                    | 15           |                       |                                      | -                        | *        | 2                                       |
| KANSAS                                                                    | 50            | 20                    | 50           |                       |                                      |                          |          | -                                       |
| LOUISTANA                                                                 | 0 4           | 2 -                   |              |                       |                                      |                          | _        | -                                       |
| MARYLAND                                                                  | 17            | 12                    | 11           |                       | 7                                    | 7                        | 2 2      |                                         |
| MASSACHUSETTS                                                             | 14            | 11                    | - 11         |                       |                                      |                          | 2        | -                                       |
| MICHIGAN                                                                  | 16            | 14                    | 14           |                       |                                      |                          |          | gred ;                                  |
| MINNESOIA                                                                 | 62            | 22                    | 21           |                       |                                      |                          | 2        | prof :                                  |
| MISSISSIFF                                                                | 7 7           | 7 07                  | 1 07         |                       |                                      | -                        | 4        |                                         |
| NEBRASKA                                                                  | - T           | 32                    | 32           |                       |                                      | 4 4                      |          | <b>7</b> ~ ~                            |
| NEW JERSEY                                                                | e-4           |                       |              |                       |                                      |                          |          | -                                       |
| NEW YORK                                                                  | 33            | 58                    | 27           |                       |                                      | ~                        | (f)      | r-1                                     |
| OHIO                                                                      |               | 2 0                   | 2            |                       |                                      | -                        | P        | ***                                     |
| OKLAHOMA                                                                  | 12            | 2                     | •            |                       | ~                                    |                          | )        | -                                       |
|                                                                           | 1, 26         | 89                    | 99           |                       | 8                                    | m                        | 4        | -                                       |
| PENNSYLVANIA                                                              | 53            | 94                    | 1 43         |                       | m                                    | 2                        | 4        | 7                                       |
| TENNESSEE                                                                 | 13            | 12                    | 12           |                       |                                      |                          |          |                                         |
| TEXAS                                                                     | 61            | 41                    | 13           |                       | <b>-</b>                             | <b>-</b> -1              | pa)      | en (                                    |
| CAM                                                                       | 000           | 40                    | 60           |                       | -                                    |                          | -        | 7                                       |
| VIRGINIA                                                                  |               | + in                  | · 10         |                       |                                      | 4                        | m dilli  | in did                                  |
| WASHINGTON                                                                | 27            | 23                    | 50           |                       | m                                    | 2                        |          | 2                                       |
| WISCONSIN                                                                 | 8 .           |                       | 17           |                       |                                      | ,                        | ,        | *************************************** |
| ANAUA                                                                     | 61            | 11                    | 07           |                       | <b>-</b>                             |                          | 4        | -                                       |
| •                                                                         |               |                       |              |                       |                                      |                          | <b>.</b> |                                         |

TABLE 19 NON-FECERAL PHYSICIANS BY COUNTY, SPECIALTY, AND ACTIVITY, DECEMBER 31, 1975

|                  |            |                  |                                         | Σ.                               | MAJOR PROFESSIONAL ACTIVITY   | DNAL ACTIVIT | X                   | And the state of t | MA-403                                  |
|------------------|------------|------------------|-----------------------------------------|----------------------------------|-------------------------------|--------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
|                  | TOTAL      | TOTAL            | *************************************** | PATIENT CARE                     |                               | 10           | UTHER PROFESSIONAL  | JONAL ACTIVITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |
| SPECIALIY        | PHYSICIANS | PAT SENT<br>CARE | OFFICE<br>BASED                         | HOSPITAL BASED<br>RESIDENTS   FU | SEL PRACTICE  <br>  FULL-TIME | ADMINISTRA-  | MEDICAL<br>TEACHING | MEDICAL<br>  RESEARCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ОТНЕК                                   |
| ADA              |            |                  |                                         |                                  |                               |              |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| TOTAL PHYSICIANS | 506        | 171              | 162                                     |                                  | <b>-</b> -                    |              |                     | m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| GENERAL PRACTICE | 27         | 26               | 25                                      |                                  |                               |              |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | )                                       |
| MEDICAL SPEC.    | 43         | 37               | 35                                      |                                  | - 2                           | -            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ď                                       |
| <b>Q</b> Ω       | 26         | 22               | 20                                      |                                  | · · ·                         |              |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n                                       |
| e c              | · · ·      | 110-             | יייו                                    |                                  |                               | -            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| # £              | 18 1       | 1 21             | - ::                                    | -                                | ~                             | -            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r                                       |
| PD<br>PUS        | 12 2       | 12               | 12                                      |                                  | ,                             | •            |                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | n                                       |
| CHBCTCAL CBEC    |            | ,                | Ç                                       | -                                |                               | . 1000       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| SONGICAL STEC.   | 181        | 2 81             | 69<br>17                                |                                  |                               | <b>**</b>    |                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| NS               | m          | A. (             | ; m ;                                   |                                  | •                             |              |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 9 H d O          | 12         | 12               | 12                                      |                                  |                               | <i></i>      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| SAD              | 11         |                  | 11                                      |                                  |                               | -            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 7 0              | 4 0        | 4 (              | 4 (                                     |                                  | -                             | *****        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| S.S.S.           | 7          | 7 .              | 7 -                                     |                                  |                               |              |                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| S.L.             | ю.<br>-    | m                | m                                       |                                  | -                             |              |                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| 5                | 4          | 4                | 4                                       | -                                | ****                          | ****         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| OTHER SPEC.      | 47         | 38               | 33                                      |                                  | S                             | <u>.</u>     |                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ĸ                                       |
| Z (              | eo (       | ~                | 7                                       | -                                |                               | ****         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . ~                                     |
| Y 2              | ~ ·        | 7 6              | N 6                                     |                                  |                               | •            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                       |
| : a.             | + ~        | 0 ~              | 0 F                                     |                                  |                               | ~            |                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| HLd              | . 9        | . 10             | . 4                                     |                                  |                               |              |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| ¥ 00.0           | ~ .        | ~ .              | ٠,                                      |                                  |                               | -            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                       |
| T d              | 7 60       | →                | 7                                       |                                  |                               |              |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| œ. i             | 4          | 4                | 4                                       |                                  |                               | ,            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| X - C            | יז ניז     | mr               | <b>~</b> -                              |                                  | 7.                            | -            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| UNSPECIFIED      | 5 2        | 7 (7             | 4 %                                     |                                  |                               | -            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                  |            | _                |                                         |                                  | •                             | -            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| INACIIVE         | 13 (       |                  |                                         |                                  |                               |              |                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |

TABLE 19 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, AND ACTIVITY, DECEMBER 31, 1975

IDAHO - CONTINUED

MAJOR PROFESSIONAL ACTIVITY

|                  | 1 TOTAL     | TOTAL       |        | PATIENT CARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10          | HER PROFESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OTHER PROFESSIONAL ACTIVITY | >             |
|------------------|-------------|-------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------|
| SPECIALTY        | PHYS ICIANS | PATIENT     | OFFICE | HOSPITAL BASED PRACTICE ADMINISTRA-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ADMINISTRA- | MEDICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MEDICAL                     |               |
|                  |             | CARE        | BASED  | RESIDENTS   FULL-TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - NOIL      | TEACHING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I RESEARCH                  | ОТЫ           |
|                  |             |             |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | STREET, COLUMN COLUMN STREET, COLUMN |                             | on the second |
| ADAMS            |             |             |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                           |               |
| TOTAL PHYSICIANS |             | <u>-</u> -1 |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                           |               |
| GENERAL PRACTICE |             | -           |        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| BANNOCK          |             |             |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| TOTAL PHYSICIANS | 08          | 89          | 89     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |               |
| GENERAL PRACTICE | 12          | 12          | 12     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                           |               |
| MEDICAL SPEC.    | 15          | 15          | 15     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| ດ                |             | -           | ,      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| ΣH               | 7 01        | 10          | 10     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| Q.               | <i>m</i>    | , m         | m      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| SURGICAL SPEC.   | 25          | 25          | 25     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| Ses              | 9           | 91          | 9      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| SZC              | 2 12        | W 10        | 2 12   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ****                        |               |
| HAO              | , 4         | 4           | . 4    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| 085              | e .         | m •         | 8      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
|                  |             |             | I      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| Э                | m           | ·m          | 4 165  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| OTHER SPEC.      | 18          | 16          | 1 16   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |               |
| Z                | 4 .         | 4 •         | 7      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| × 0              |             | <b>-1</b> € |        | 100 TO 10 | -           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| HLa              | 2 2         | . 2         | 2 2    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| ď                | 6           | 8           | · e    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                           |               |
| ٠<br>١           |             | p-1 •       | , I    | distant d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                           |               |
| UNAPECTETED      |             | <b>-1</b>   | -1 <   | ilda Vall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | ٦                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |               |
|                  |             | J           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                           |               |
| INACTIVE         | 1 2         |             |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                           |               |
| NOT CLASSIFIED   | m           |             | -      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |
| 0                | - •         |             |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |               |

TABLE 19 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, AND ACTIVITY, DECEMBER 31, 1975

IDAHO - CONTINUED

|                                 | TOTAL       | TOTAL           |                 | PATIENT CARE                                            | AJOR PROFESS                       | MAJOR PROFESSIONAL ACTIVITY<br>E 0TH | ER PROFESS          | JONAL ACTIVITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ,     |
|---------------------------------|-------------|-----------------|-----------------|---------------------------------------------------------|------------------------------------|--------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| SPECIALTY                       | PHYS ICIANS | PATIENT<br>CARE | OFFICE<br>BASED | HOSPITAL BASED PRACTICE   RESIDENTS   FULL-TIME   STAFF | SED PRACTICE<br>FULL-TIME<br>STAFF | ADMINISTRA-                          | MEDICAL<br>TEACHING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OTHER |
| BEAR LAKE                       |             |                 |                 |                                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| GENERAL PRACTICE                | 2           | 2               | 2               |                                                         |                                    |                                      | _                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| INACTIVE<br>NOT CLASSIFIED      |             |                 |                 |                                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| BENEWAH                         | -           |                 |                 |                                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| TOTAL PHYSICIANS                | 4           | 4               | 4               | man white a                                             |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| GENERAL PRACTICE                | 4           | 4               | 4               |                                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| BINGHAM                         |             |                 |                 | Oles entitles 4                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| TOTAL PHYSICIANS                | 12          | 12              | 01              |                                                         | 2                                  |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| GENERAL PRACTICE                | 0           | 6               | σ·<br>          |                                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| OTHER SPEC.<br>P<br>UNSPECIFIED | w 0 m       | æ 2 ↔           |                 |                                                         | 2                                  |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| BLAINE                          |             |                 |                 |                                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| TOTAL PHYSICIANS                | 12          | 12              | 12              |                                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| GENERAL PRACTICE                | 4           | 4               | 4               |                                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| MEDICAL SPEC.<br>IM<br>PD       | ~ ~ ~ ~ ·   | 1 1 2           | 2               |                                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| SURGICAL SPEC.<br>6S<br>ORS     | 112         | 211             | 1 1 2           |                                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| OTHER SPEC.<br>PTH              | 4 m c       | 4-10            | 4               |                                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| OTHER                           | 1           | 1               | 1               |                                                         |                                    |                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
|                                 |             |                 |                 |                                                         |                                    |                                      |                     | the first department of the first of the fir |       |

TABLE 19 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, AND ACTIVITY, DECEMBER 31, 1975

IDAHO - CONTINUED

|                                | 1014                                     | 10404   |                                          | M            | AJOR PROFESS                  | MAJOR PROFESSIONAL ACTIVITY | \<br>\<br>\             |                             |       |
|--------------------------------|------------------------------------------|---------|------------------------------------------|--------------|-------------------------------|-----------------------------|-------------------------|-----------------------------|-------|
| CDECTALTY                      | 14 TO A TO | 4 1 4 1 |                                          | PATIENT CARE |                               |                             | HER PROFESS             | OTHER PROFESSIONAL ACTIVITY | Y     |
|                                | THE STOTE AND                            | CARE    | DFFICE<br>BASED                          | HOSPITAL BAS | RESIDENTS   FULL-TIME   CTAEE | ADMINISTR                   | MEDICAL<br>TEACHING     | MEDICAL   RESEARCH          | OTHER |
| BONNER                         |                                          |         |                                          |              | 181                           | A I                         |                         |                             |       |
| TOTAL PHYSICIANS               | 18                                       | 14      | 14                                       |              |                               |                             |                         |                             |       |
| GENERAL PRACTICE               | ٠ <u>٠</u>                               | φ       | 0                                        |              |                               |                             |                         |                             |       |
| MEDICAL SPEC.<br>IM            |                                          |         |                                          |              |                               |                             |                         |                             |       |
| SURGICAL SPEC.<br>GS<br>NS     | 7 pd pd p                                | 4 m m   | 4                                        |              |                               |                             |                         |                             |       |
| ORS                            |                                          |         |                                          |              |                               |                             |                         |                             |       |
| INACTIVE                       | 4                                        |         |                                          |              |                               | -                           |                         |                             |       |
| BONNEVILLE                     |                                          |         |                                          |              |                               | -                           |                         |                             |       |
| TOTAL PHYSICIANS               | 08                                       | 75      | T.                                       |              | <b>м</b>                      |                             |                         | -                           |       |
| GENERAL PRACTICE               | 11                                       | 11      | 11                                       |              |                               |                             |                         |                             |       |
| MEDICAL SPEC.<br>CD<br>D<br>IM | 14 2 2 2 6 2 6 9                         | 4 0 0 0 | 14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |              |                               | ation rape diver who w      |                         |                             |       |
| 0                              | 4                                        | . 4     | ) 4                                      |              |                               |                             |                         | -                           |       |
| SURGICAL SPEC.<br>GS           | 88                                       | 32      | <br>70                                   | ,            |                               |                             |                         |                             |       |
| 000<br>000<br>000              | 1 20 10                                  | . w w   | æ41                                      |              |                               | anga replan Maha            |                         |                             |       |
| 0T0<br>TS                      | - 6 - 6                                  | - 616   | ~ m ~ m                                  |              |                               | arina quiga quium mini      |                         | Willia 1980 Willia est      |       |
| OTHER SPEC.                    | 18   2                                   | 18   2  | 15<br>2                                  | - We         | ĸ,                            | m nang natis attiga         | and all the control and | na din udo Vila             |       |

TABLE 19 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, AND ACTIVITY, DECEMBER 31, 1975

| IDAHO - CONTINUED          |              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                  |                     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
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|                            |              |                 | The care the enterested was a supplemental to the supplemental to | M            | MAJOR PROFESSIONAL                               | CONAL ACTIVITY      | 1.7                | Andreas Vinter of the State of the State of the State of | a-tan velación delle filmentencies agresata destala |
|                            | TOTAL        | TUTAL           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PATIENT CARE |                                                  |                     | UTHER PROFESSIONAL | IONAL ACTIVITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Y                                                   |
| SPECIALTY                  | PHYS ICIANS  | PATIENT<br>CARE | OFFICE<br>BASED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | HOSPITAL BA  | HOSPITAL BASED PRACTICE<br>RESIDENTS   FULL-TIME | ADMINISTRA-<br>TION | 4 E                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OTHER                                               |
| BONNEVILLE                 |              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | S I AF F                                         |                     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
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| INACTIVE<br>NOT CLASSIFIED | 22           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                  |                     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
| BOUNDARY                   |              | -               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                  |                     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
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| 3.6                        | <b>7</b> —   | 7 7             | ~ ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the state    |                                                  |                     | -                  | mus acut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |
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| PH<br>R<br>OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 791        | <b>9</b> н | 4               |                           | 21                            | Ν                                      |                     | alle title 1640       |
| INACTIVE<br>NOT CLASSIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 10       |            |                 |                           |                               |                                        |                     | Allen auto Live       |
| CARIBOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | -          |                 | -dire ass <sub>12</sub> , | و هوماند فيقانه               |                                        |                     |                       |
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| GENERAL PRACTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ma         | m          | ĸ               | -                         |                               |                                        |                     |                       |
| CASSIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |            |                 |                           |                               | -                                      | -                   |                       |
| TOTAL PHYSICIANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16 1       |            | 11              |                           |                               |                                        |                     | ، مضر کیک             |
| GENERAL PRACTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ~          | ~          | ~               |                           |                               |                                        |                     |                       |
| SURGICAL SPEC.<br>GS<br>OPH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MHH        | Keer       | 844             |                           |                               |                                        |                     |                       |
| OTHER SPEC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | 4 et es    |                 |                           |                               |                                        |                     | The other other cases |
| INACTIVE<br>NOT CLASSIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 82         |            |                 |                           |                               | AND 1880 AND                           | Table Spec          | COLOR SEPO ANTO       |
| CLEARWATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |            |                 |                           |                               | ine Alba d                             |                     |                       |
| TOTAL PHYSICIANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9          | 4          | 6               |                           |                               |                                        | -                   | <b>1</b>              |
| GENERAL PRACTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2          | 2          | 2               |                           |                               | ************************************** |                     | - 100 mg val          |

TABLE 19 NON-FED-KAL PHYSICIANS BY COUNTY, SPECIALTY, AND ACTIVITY, DECEMBER 31, 1975

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| en eine eine eine eine eine eine eine e | TOTAL                                 | 11              |                 | PATIENT CARE                                                  | MAJGB_PROFESSIONAL_ACTIVITY<br>E 0TH | UNAL ACTIVII  | X<br>HEK PROFESS    | VIIY<br>OTHER PROFESSIONAL ACTIVITY | *************************************** |
|-----------------------------------------|---------------------------------------|-----------------|-----------------|---------------------------------------------------------------|--------------------------------------|---------------|---------------------|-------------------------------------|-----------------------------------------|
| SPECIALTY                               | PHYSICIANS                            | PATIENT<br>CARE | OFFICE<br>BASED | HOSPITAL BASED PRACTICE<br>  RESIDENTS   FULL-TIME<br>  STAFF | SED PRACTICE<br>FULL-TIME<br>STAFF   | ADMINISTRA-   | MEDICAL<br>TEACHING | MEDICAL  <br>  RESEARCH             | ОТНЕЯ                                   |
| CLEARWATER                              |                                       |                 |                 |                                                               |                                      |               |                     |                                     |                                         |
| SURGICAL SPFC.                          |                                       |                 | 11              |                                                               |                                      |               |                     | - 200 200                           |                                         |
| UTHER SPEC.<br>P                        | , , , , , , , , , , , , , , , , , , , | ed ted          |                 |                                                               | <b>P</b> A                           |               |                     |                                     |                                         |
| INACTIVE<br>NOT CLASSIFIED              | ,                                     |                 |                 |                                                               |                                      | -             |                     |                                     |                                         |
| CUSTER                                  |                                       |                 |                 |                                                               |                                      |               |                     | -                                   |                                         |
| TOTAL PHYSICIANS                        | F-1                                   | 1               | F-1             |                                                               |                                      | -             |                     |                                     |                                         |
| CTHER SPEC.                             | ri ri                                 |                 |                 |                                                               |                                      |               |                     | , 100 Aug 65s                       |                                         |
| ELMORE                                  |                                       |                 | -               |                                                               |                                      |               |                     |                                     |                                         |
| TOTAL PHYSICIANS                        | \$                                    | ψ,              | 4               |                                                               |                                      | -             |                     |                                     |                                         |
| GENERAL PRACTICE                        | 4                                     | 4               | 4               |                                                               |                                      |               |                     |                                     |                                         |
| MEDICAL SPEC.<br>PUD<br>NOT CLASSIFIED  | print print print                     | H H             |                 |                                                               |                                      |               |                     |                                     |                                         |
| FRANKLIN                                | -                                     |                 |                 |                                                               |                                      | -             |                     |                                     |                                         |
| TOTAL PHYSICIANS                        | m                                     | ~               | 2               |                                                               |                                      |               |                     |                                     |                                         |
| GENERAL PRACTICE                        | 2                                     | 2               | - 2             |                                                               |                                      |               |                     |                                     |                                         |
| INACTIVE                                | , , , , , , , , , , , , , , , , , , , |                 |                 |                                                               |                                      | piere aggar u |                     |                                     |                                         |
| FREMONT                                 |                                       |                 |                 |                                                               |                                      |               |                     |                                     |                                         |
| INTAL PHYSICIANS                        | 7                                     | 7               | 4               |                                                               |                                      |               |                     |                                     |                                         |

TABLE 19 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, AND ACTIVITY, DECEMBER 31, 1975

|                            | _          |         |                                       | MAJOR PROFESSIONAL ACTIVITY           | L ACTIVITY         |                   |       |
|----------------------------|------------|---------|---------------------------------------|---------------------------------------|--------------------|-------------------|-------|
|                            | I TOTAL I  | TOTAL   |                                       | PATIENT CARE                          | OTHER PROFESSIONAL | ESSIONAL ACTIVITY | Y     |
| SPECIALTY                  | PHYSICIANS | PATIENT | OFFICE<br>BASED                       | HOSPITAL BASED PRACTICE   ADMINISTRA- | INISTRA-) MEDICAL  | 0                 | OTHER |
|                            | 7          |         |                                       | i STAFF i                             | 1                  |                   |       |
| ¥.                         |            |         |                                       |                                       |                    |                   |       |
|                            |            |         | -                                     | -                                     |                    |                   |       |
| TOTAL PHYSICIANS           | 4          | 4       | 4                                     |                                       | <b>- 45</b>        |                   |       |
| GENERAL PRACTICE           | е          | m       | е                                     |                                       | . معتبد الأثاث     | -                 |       |
| SURGICAL SPEC.             |            | 1       |                                       |                                       | gyan maja          |                   |       |
| 98                         |            | -       |                                       |                                       |                    |                   |       |
| GOODING                    | -          |         |                                       |                                       |                    |                   |       |
| TUTAL PHYSICIANS           | 0          | 80      | eo                                    | -                                     |                    |                   |       |
| GENERAL PRACTICE           | 50         | ĸ       | <b>1</b> 0                            |                                       | <b>.</b>           |                   |       |
| MEDICAL SPEC.              | 2,         | 2.      | . 5                                   |                                       | 1000 VIII 4        |                   |       |
| POC                        |            | 7 7     |                                       |                                       | 400 s              |                   |       |
| SURGICAL SPEC.             | proj proj  |         | , , , , , , , , , , , , , , , , , , , |                                       |                    |                   |       |
| INACTIVE                   |            |         |                                       |                                       | aligno addito s    |                   |       |
| IDAHO                      | -          |         | -                                     |                                       |                    |                   |       |
| TOTAL PHYSICIANS           | 20         | æ       | · · · · ·                             |                                       | ina Cina d         |                   |       |
| GENERAL PRACTICE           |            | 7       | ·                                     |                                       |                    |                   |       |
| OTHER SPEC.<br>UNSPECIFIED |            |         |                                       |                                       |                    |                   |       |
| JEFFERSON                  |            |         |                                       |                                       |                    |                   |       |
| TOTAL PHYSICIANS           | m          | Э       | m                                     |                                       | uin 1980 u         |                   |       |
| GENERAL PRACTICE           | e          | м       | м<br>                                 |                                       |                    |                   |       |
| JEROME                     |            |         |                                       |                                       |                    |                   |       |
| TOTAL PHYSICIANS           | 9          | 5       | 5                                     |                                       |                    |                   |       |

TABLE 19 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, AND ACTIVITY, DECEMBER 31, 1975

IDAHO - CONTINUED

|                                           | 17101            | 1 1 1 1 1 1                           |                    |                                                  | PROFESS IC               | MAJOR PROFESSIONAL ACTIVITY | X                                     |                     |                                                |
|-------------------------------------------|------------------|---------------------------------------|--------------------|--------------------------------------------------|--------------------------|-----------------------------|---------------------------------------|---------------------|------------------------------------------------|
| 24 14 14 14 14 14 14 14 14 14 14 14 14 14 | O. W. TOT . L.C. | DIAL                                  |                    | PALIENI CARE                                     |                          | 0                           | 閚.                                    | CONAL ACTIVI        | X                                              |
| SPECIALIY                                 | PHYSICIANS       | CARE                                  | UFFICE<br>BASED    | HOSPITAL BASED PRACTICE<br>RESIDENTS   FULL-TIME | FULL-TIME STAFF          | ADMINISTRA-                 | MEDICAL I                             | MEDICAL<br>RESEARCH | OTHER                                          |
| JEROME                                    |                  |                                       |                    |                                                  |                          |                             |                                       |                     |                                                |
| SURGICAL SPEC.                            | rd rd            | ·                                     |                    |                                                  |                          |                             |                                       |                     |                                                |
| OTHER SPEC.                               | proj proj        | , , , , , , , , , , , , , , , , , , , |                    |                                                  |                          |                             |                                       |                     |                                                |
| INACTIVE                                  | p-4              |                                       |                    |                                                  |                          |                             |                                       |                     |                                                |
| KOCTENAI                                  |                  | -                                     |                    |                                                  |                          |                             |                                       |                     |                                                |
| TOTAL PHYSICIANS                          | 847              | 04                                    | 04                 |                                                  |                          |                             | 2                                     |                     |                                                |
| GENERAL PRACTICE                          | 17               | 16                                    | 16                 |                                                  |                          |                             | , , , , , , , , , , , , , , , , , , , |                     |                                                |
| MEDICAL SPEC.<br>GE<br>IM<br>PD           | пчкы             | האאים                                 | <b>10 11 10 11</b> |                                                  | Main (MARIA WAIN STATE ) | - v <del>-</del>            |                                       |                     |                                                |
| SURGICAL SPEC.<br>65<br>086               | 450 6            | 4 r. v.                               | 4 m                |                                                  |                          |                             |                                       |                     |                                                |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0     | 2000             | 1155                                  | 1155               |                                                  |                          |                             |                                       |                     |                                                |
| OTHER SPEC.<br>AN<br>CHP<br>P<br>R.       | <b>Ф</b> пппп    | ഗല ലത                                 | ын <b>н</b> е      |                                                  |                          |                             |                                       |                     |                                                |
| INACTIVE<br>NOT CLASSIFIED                | W                |                                       |                    |                                                  | pen app. 4890 sin        |                             |                                       |                     |                                                |
| LATAH.                                    |                  |                                       |                    |                                                  |                          |                             |                                       |                     |                                                |
| TOTAL PHYSICIANS                          | 23               | 19                                    | 19                 |                                                  |                          |                             |                                       |                     |                                                |
| GENERAL PRACTICE                          | 12               | 12                                    | 12                 |                                                  |                          |                             |                                       |                     | de de cir de desgrés de cir de se de décide de |

| 197                                                                             |
|---------------------------------------------------------------------------------|
| R 31,                                                                           |
| ND ACTIVITY, DECEMBER 31, 1975                                                  |
| /ITY,                                                                           |
| ACTIV                                                                           |
| AND                                                                             |
| 3Y COUNTY, SPECIALTY,                                                           |
| COUNTY,                                                                         |
| 8 ⊀                                                                             |
| AL PHYSICIANS BY C                                                              |
| TABLE 19 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, AND ACTIVITY, DECEMBER 31 |
| 61                                                                              |
| TABLE                                                                           |

|                             |                 |                 |                 | LAM              | OR PROFESSI                          | MAJOR PROFESSIONAL ACTIVITY | X                   |                             |       |
|-----------------------------|-----------------|-----------------|-----------------|------------------|--------------------------------------|-----------------------------|---------------------|-----------------------------|-------|
|                             | I TOTAL I       | TOTAL 1.        | 1               | PATIENT CASE     |                                      | 10                          | HE3_PROFESS         | OTHER PROFESSIONAL ACTIVITY | ,     |
| SPECIALTY                   | PHYSICIANS <br> | PATIENT<br>CARE | OFFICE<br>BASED | HUSPITAL BASE    | ED PRACTICE!<br>FULL-TIME !<br>STAFF | ADMINISTRA-                 | MEDICAL<br>TEACHING | MEDICAL  <br>  RESEARCH     | OTHER |
| LATAH                       |                 |                 |                 |                  |                                      |                             |                     |                             |       |
| MEDICAL SPEC.               | 00              | ~~~             | 0.0             | ALC 400 ALC 4    |                                      |                             |                     |                             |       |
| SURGICAL SPEC.<br>GS<br>OPH | 8 1 2           | 8 H Q           | m ⊷ N           |                  |                                      |                             |                     |                             |       |
| OTHER SPEC.<br>P<br>R       | w 0 H           | ~~~~·           | 211             |                  |                                      |                             | ~                   |                             |       |
| INACTIVE                    | ю               |                 |                 |                  |                                      |                             |                     |                             |       |
| LEMHI                       |                 | -               |                 |                  |                                      | -                           |                     |                             |       |
| TOTAL PHYSICIANS            | 4               | 4               | 4               | -                |                                      | -                           |                     | -                           |       |
| GENERAL PRACTICE            | 4               | 4               | 4               |                  | -                                    |                             |                     | -                           |       |
| LEWIS                       |                 |                 |                 |                  | *                                    | -                           |                     |                             |       |
| TOTAL PHYSICIANS            | 7               |                 | -               |                  |                                      |                             |                     | -                           |       |
| GENERAL PRACTICE            |                 | ·               | -               |                  |                                      |                             |                     |                             |       |
| INACTIVE                    | e               |                 |                 |                  |                                      |                             |                     |                             |       |
| LINCOLN                     |                 |                 |                 |                  |                                      |                             |                     | -                           |       |
| TOTAL PHYSICIANS            | pul             |                 | 1               |                  |                                      | -                           |                     |                             |       |
| SURGICAL SPEC.<br>6S        |                 |                 | ,i ,i           | dian days them a |                                      |                             |                     | ***                         |       |
| MADISON                     |                 |                 |                 |                  |                                      |                             |                     | -                           |       |
| TOTAL PHYSICIANS            | œ               | 9               | 70              | ting colour the  |                                      |                             |                     | -                           |       |
| GENERAL PRACTICE            | 4               | 4               | 4               |                  |                                      |                             | -                   | Ter -evin Sui               |       |
|                             |                 |                 | -               | T                | A                                    | T                           |                     |                             |       |

|                                                     | _                                     |                          |                     | MA                                  | JOR PROFESSI                                              | MAJOR PROFESSIONAL ACTIVITY | Y                                                |                                       |      |
|-----------------------------------------------------|---------------------------------------|--------------------------|---------------------|-------------------------------------|-----------------------------------------------------------|-----------------------------|--------------------------------------------------|---------------------------------------|------|
| SPECIALTY                                           | PHYSICIANS                            | TOTAL<br>PATIENT<br>CARE | CFFICE<br>BASED     | PATIENT CARE HOSPITAL BAS RESIDENTS | ATIENT CARE HOSPITAL BASED PRACTICE RESIDENTS   FULL-TIME | ADMINISTRA-I                | DIHER PROFESSIONAL  MEDICAL   ME  TEACHING   RES | IDNAL ACTIVITY<br>MEDICAL<br>RESEARCH | OTHE |
| MADISON                                             |                                       |                          |                     |                                     |                                                           |                             |                                                  |                                       |      |
| SURGICAL SPEC.<br>GS<br>OBG                         | 7 7 7 7                               |                          | pri pri             |                                     | rl rl                                                     |                             |                                                  |                                       |      |
| MINIODKA                                            | 2                                     |                          |                     |                                     |                                                           | -                           |                                                  |                                       |      |
| TOTAL PHYSICIANS                                    | 9                                     | •                        |                     |                                     | -                                                         | -                           |                                                  | ~ ~ ~                                 |      |
| GENERAL PRACTICE                                    | · ·                                   | ın                       | w                   |                                     |                                                           | -                           |                                                  |                                       |      |
| MEDICAL SPEC.                                       | , , , , , , , , , , , , , , , , , , , |                          |                     |                                     |                                                           |                             |                                                  |                                       |      |
| NEZ PERCE                                           |                                       | -                        |                     |                                     |                                                           | -                           |                                                  |                                       |      |
| TOTAL PHYSICIANS                                    | 23                                    | - 14                     | 45                  |                                     | 2                                                         | -                           |                                                  |                                       |      |
| GENERAL PRACTICE                                    | 13                                    | 13                       | 13                  |                                     | -                                                         |                             |                                                  |                                       |      |
| MEDICAL SPEC.<br>CD<br>D<br>IM<br>PD                | 6 - N M M                             | о <i></i> се м м         | <u>ው ፡፡ የ</u> ህ ጠ ጠ |                                     |                                                           | hain dika aka dipa aga agar |                                                  |                                       |      |
| SURGICAL SPEC. 65<br>65<br>086<br>0PH<br>0RS<br>0TO | 21.331.55                             | พีพายยาก                 | ያ የ                 |                                     |                                                           |                             |                                                  |                                       |      |
| OTHER SPEC.                                         | 11221                                 | 1221                     | 8 2 2 4             |                                     | ο                                                         |                             |                                                  |                                       |      |
| A<br>OTHER<br>UNSPECIFIED                           | 4                                     |                          | , T                 |                                     |                                                           | P 1650 AND SEE A            |                                                  |                                       |      |

| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| ì                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| ì                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| The second of th |  |  |
| ٠                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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| L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
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|     | TOTAL PHYSICIANS                | 13           | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | =======================================                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |              | -                           |             |                                        | <b>*</b>  |
|     | GENERAL PRACTICE                | 10           | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |              |                             |             |                                        | -         |
|     | SURGICAL SPEC.<br>GS            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ~ ~ ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . —           |              |                             |             |                                        |           |
|     | INACTIVE<br>NOT CLASSIFIED      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |              |                             |             | . aya. alib alin                       |           |
|     | TETON                           | •            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | -            |                             |             | -                                      |           |
|     | TOTAL PHYSICIANS                |              | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |              |                             |             |                                        |           |
|     |                                 | A            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |              |                             |             |                                        |           |

TABLE 19 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, AND ACTIVITY, DECEMBER 31, 1975

IDAHO - CONTINUED

|                            |             |                 |                 | A.Y.                               | JOB PROFESS I        | MAJOR PROFESSIONAL ACTIVITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | , ,                |
|----------------------------|-------------|-----------------|-----------------|------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
|                            | TOTAL       | TOTAL           | 1               | PATIENT CARE                       |                      | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OTHER PROFESSIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IDNAL ACTIVITY     |
| SPECIALIY                  | PHYS ICIANS | PATIENT<br>CARE | OFFICE<br>BASED | HOSPITAL BASED<br>  RESIDENTS   FU | PRACTICE<br>JLL-TIME | ACMINISTRA-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MEDICAL<br>TEACHING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MEDICAL I          |
| TETON                      |             |                 |                 |                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| GENERAL PRACTICE           |             | -               |                 |                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| TWIN FALLS                 |             |                 |                 |                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| TOTAL PHYSICIANS           | 75          | 99              | 59              |                                    | -                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| GENERAL PRACTICE           | 17          | 17              | 16              |                                    | -                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 200 ann            |
| MEDICAL SPFC.              | 14          | 13              | 13              |                                    | -                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| O I                        | 10          | <b>-</b>        | 8               | - 2000 - 400                       |                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| G G                        | 4           | 4               | . 4             |                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| SURGICAL SPEC.             | 24          | 24              | 24              | -                                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| 086                        | - 4         | - <del></del>   | <b>-</b> - 4    |                                    |                      | ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| HAO                        | 9           | 9               | 9               |                                    | *                    | • :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| 010                        | <b>+</b>    | <b>1</b> 1      | <b>4</b> ~      |                                    |                      | Miles adules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| <b>-</b>                   | 2           | 2               | 5               |                                    |                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                  |
| OTHER SPEC.                | K H         | 12              | 12              |                                    | -                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| J. O.P.                    | 1 7         | 1 4             | 4 ~             |                                    |                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| <u> </u>                   | 2           | 8               | 2               |                                    | -                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| H<br>H<br>H                | n n         | ~ m             | N W             |                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| INACTIVE<br>NOT CLASSIFIED | 5 2         |                 |                 |                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | again daga siban . |
| VALLEY                     |             |                 |                 |                                    |                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| TOTAL PHYSICIANS           | ۰۰۰         | 9               | 9               |                                    | ,                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| GENERAL PRACTICE           | 0           | ٥               | 0               |                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| MASHINGTON                 |             |                 |                 |                                    | -                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| TOTAL PHYSICIANS           | ις,         | 4               | m               | -                                  |                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                  |
| GENERAL PRACTICE           | ю           | m               | m               |                                    | -                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
|                            | ·           |                 |                 |                                    |                      | Andrew Contract Contract and Contract of C | And desired the party of the party of the last of the |                    |

TABLE 19 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, ANC ACTIVITY, DECEMBER 31, 1975

IDAMO - CONTINUED

|               | _'          |         |        | MAJUR PROFESSIONAL ACTIVITY                 | IONAL ACTIVIT | X           |                             |       |
|---------------|-------------|---------|--------|---------------------------------------------|---------------|-------------|-----------------------------|-------|
|               | TOTAL       | TOTAL   |        | PATIENT CARE                                | 10            | HER PROFESS | OTHER PROFESSIONAL ACTIVITY | ×     |
| SPECIALTY     | PHYSICIANS! | PATIENT | OFFICE | HUSPITAL BASED PRACTICE ADMINISTRA- MEDICAL | ADMINISTRA-   | MEDICAL     | MEDICAL                     |       |
|               |             | CARE    | BASED  | RESIDENTS   FULL-TIME                       | NOIL          | TEACHING    |                             | OTHER |
|               |             |         |        | -                                           | -             |             |                             |       |
| MASHINGTON    |             | -       |        | -                                           |               |             | -                           |       |
| -             | -           | -       |        | -                                           |               |             |                             |       |
| MEDICAL SPEC. | _           | -       |        | -                                           |               |             | -                           |       |
| Σ.            |             | _       |        | -                                           |               |             |                             |       |
| TRACTIVE      |             |         |        |                                             |               |             | -                           |       |
| 341,000       |             |         |        |                                             |               |             |                             |       |

TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALIY, SEX, AGE, AND SPECIALIY BOARD CERTIFICATION DECEMBER 31, 1975

IDAHO

|                  | TOTAL       |              | SEX      |           |                | AC           |            |      |          | 38         | BOARD CERTIFICATION | IFICATIO  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------|-------------|--------------|----------|-----------|----------------|--------------|------------|------|----------|------------|---------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SPEC IALTY       | PHYS ICLANS | MALE         | I FEMALE | UNDER     | 35 6           | 1            | 55         | 65   | 75       | -          | 7                   | 3 - 2     | NOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                  |             |              |          | 35        | -44            | -54          | -64        | -74  | 6 OVER   | BOARD 1    | BOARD               | BOARD     | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ADA              |             |              |          | -         |                |              |            |      |          |            |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                  |             | -            |          |           | o dana         | - 46         | -          | - 45 | • ===    | -          | <b></b>             | . **      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TOTAL PHYSECIANS | 506         | 198          | 88       | 171       | 161            | 35           | 50         | 21   | 4        | 112        | 10.4                | B         | £4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| GENERAL PRACTICE | 27          | 26           | 7        |           | er<br>er       | 9            | <u> 10</u> | 2    | -        | 7          |                     |           | 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| MEDICAL SPEC.    | 43          | 4            | <u></u>  | - 7       | 181            |              | ,          | - FO |          | 7.7        |                     | -         | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                  | 2           | 2            |          | -         | 7              |              | =          | ī —  | -        | 7          | -                   | the easys | CT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 200              | m           |              |          | _         |                |              | 2          |      |          | 2          |                     |           | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ш<br>Э           | n ≻         | · -          |          | -         | 8              | -            | =          |      | -        | <u></u>    |                     | -         | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| T H              | 81          | 18           |          | -         | - <del>c</del> | - 4          | -          |      |          |            |                     |           | α                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 04               | 12          | 6            | 9        | 3         | 4              | 7            | 2          | 7 7  |          | 5          |                     |           | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| න <b>අ</b>       | 2           | ~            |          |           | =              | -            |            | 74   | -        | <b>"</b>   | -                   |           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SURGICAL SPEC.   | 02          | 69           |          | - 4       | 791            | 121          | - X        |      |          | 707        | 4                   | -         | 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                  | 18          | 18           |          |           | 8              | 4            | 4          | 2    | -        | 13         | 7 -                 |           | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| A . Z            | 8           | ~            |          | _         | 21             |              | =          | 1    | -        | =          |                     |           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 980              | 12          | 12           |          | 7         | 79             | -            | 4          | 1    |          | 11         | -                   | -         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Han              | 12          | : :          | -        | 2         | 4              | 2            | 2          | 2    |          | <b>3</b> 0 | 71                  |           | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 270              | 77          | 11           |          |           | 70 0           | <del>-</del> | <u> </u>   |      | -        | 0 7        |                     | -         | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ٠<br>د           | 12          |              |          |           | 7 7            | -            | 7 1        | -    |          | <u> </u>   |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CRS              | -           | _            | _        | -         | -              | -            |            | 7    |          | -          |                     | 14 April  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Н:               | m           | m<br>        | -        | -         | 21             | -            | _          |      | -        |            | 35                  | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>-</b>         | 4           | 4            |          |           | = -            | 7            | -          |      | -        | ัก         |                     | -         | . <del>-1</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OTHER SPEC.      | 144         | 45           | 2        | 9         | 171            | 101          | -11        | 8    |          | 26         | 100                 | -         | 1.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Z (              | <b>30</b>   | _            |          |           | 25             | 2.           | 7          |      |          | 100        |                     | -         | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 80.              | m ·         |              |          | 7         |                | Andre 4      |            |      | -        | <u>ਲ</u> ੇ |                     | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Z                | * r         | 4 1          |          |           | F 7            |              |            |      | -        | m n        |                     | -         | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| HLA              | 9           | - 12         |          | -         | - <del>-</del> | ~            |            | ٠    | -        | 7 (7       |                     |           | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Z.               | 7           | 2            |          | - medical | -              |              | 21         |      |          | 7          |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| £                | 2 (         | 2            |          |           | 7              |              |            |      |          |            |                     | -         | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| I c              | กุ          | <b>n</b> (   |          |           |                | ,            | 27         | -    | -        | - bar      |                     | ****      | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| α<br>« F-        | t (n)       | <del>+</del> |          |           |                | <br>         | Ϋ́         | -    | -        | 7 -        |                     |           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OTHER            | m           | , m          |          | -         | -              | 4            | •          | -100 |          | -          | 1                   | - 46      | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| UNSPECIFIED      | 2           | 2            |          | 7         | 1              |              |            |      | - 6450 3 |            | -                   |           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| INACTIVE         | <u>.</u>    |              |          |           |                |              | 7          |      | 7        | (1         |                     | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NCT CLASSIFIED   | 9           | 9            |          | =         | 7              | M sapton -   | 7          | 7    | -        | 7 70       |                     |           | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                  |             |              |          |           |                | 7            | 1          | 1    |          |            |                     |           | The second of th |

TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975

IDAHO - CONTINUED

|                  |                |          | 7      |         | -                                                |     |                                                     |    |           |         | 2000                | 110000               |                  |
|------------------|----------------|----------|--------|---------|--------------------------------------------------|-----|-----------------------------------------------------|----|-----------|---------|---------------------|----------------------|------------------|
|                  | INIAL          | 1        | NEA.   |         |                                                  | ABE | ٠                                                   |    |           | 7       | BURKE CERTIFICALLUN | TRATE                | 4                |
| SPECIALTY        | PHYSICIANS     | MALE     | FEMALE | UNDER 1 | 35                                               | 154 | 55                                                  | 65 | L 75      | BUARD   | 1 2<br>1 Briako     | BUASD                | NON -            |
|                  |                |          | _      | -       | -                                                |     | -                                                   |    | _         |         | _                   |                      |                  |
| ADAMS            |                |          |        | -       |                                                  | -   |                                                     |    |           |         |                     |                      | -                |
| TOTAL PHYSICIANS | 4              |          |        | * 77    |                                                  |     |                                                     |    |           |         |                     |                      |                  |
| GENERAL PRACTICE | ,              |          | ~ ~~   |         | ****                                             |     | dix «um 1                                           |    |           |         | -                   | ***                  |                  |
| BANNDCK          |                |          |        |         |                                                  | -   | -                                                   |    |           |         |                     | -                    | us 480 d         |
| TOTAL PHYSICIANS | 980            | 78       | 2      | 101     | 26                                               | 101 | 181                                                 | m  | <b>,</b>  | 45      | ,-I                 | ***                  | -                |
| GENERAL PRACTICE | 12             | 12       |        | 2       | 2                                                | 4   | -4                                                  |    | -         | īV      |                     | ذ می <i>د</i> . جاند |                  |
| MEDICAL SPEC.    | 15             | 15       |        | 7       | <del>-                                    </del> | 2   | 72                                                  | -  |           | 7.7     | gih 4800            |                      | -46-             |
| <b>-</b> -       | <del>, ,</del> | r        | -      |         | -                                                |     | b.                                                  | -  | ب هنيد    |         | -                   | -                    |                  |
|                  | <b>-</b> 2     | 101      |        |         | 7 6                                              | - 7 | 7                                                   |    |           | → .o    |                     | -                    | نثید دی          |
| ٠.<br>ا          | , es           |          |        |         | 2                                                |     | ; — ′                                               |    |           | 2       | -                   |                      |                  |
| SURGICAL SPEC.   | 25             | 25       |        | - 20    | - 6                                              | 4   | <del>-</del> <del>-</del> <del>-</del> <del>-</del> | -  |           | 19      |                     |                      |                  |
| 6.5              | 9              | 9        | -      | 11      |                                                  | 7   | 3                                                   |    | -         | 2       | _                   | -                    |                  |
| 7.2              | 2              | 7        |        |         | =                                                | ~   | -                                                   |    |           | <b></b> |                     |                      |                  |
| 990              | io ×           | ٠ n      | -      | <br>    | 7 -                                              | -   | 7                                                   | •  |           | ٠ ·     | »                   |                      | -                |
|                  | \$ M           | # m      | _      | -       | -                                                | 7   |                                                     | •  | -         | # m     |                     |                      | -                |
| 010              | ,i             |          |        | -       | _                                                |     | =                                                   |    |           |         | -                   | - 44                 | -                |
| \$ 6             | ,-4 t          |          |        |         | = 1                                              | -   |                                                     |    | <b></b> . | :       | -                   | -                    | -1000            |
| <b>-</b>         | m              | m        |        | -       | 7                                                | -   |                                                     |    |           | ··      |                     |                      | -                |
| OTHER SPEC.      | 18             | 17       | -<br>- | 2       | 7                                                | 3   | 4                                                   |    |           | σ.      |                     |                      |                  |
| 2:               | 4,             | 4.       |        |         | pol :                                            | 2   |                                                     |    |           |         | - The second        | ···                  | . حب             |
| <u>ن</u><br>م    | (              |          |        |         |                                                  | -   | -                                                   |    |           |         |                     |                      |                  |
| T                | 7 2            |          |        | in dia  | 1                                                | -   | -                                                   |    | -         | 2       |                     |                      |                  |
| . «              | l M            | -        |        | -       | 2                                                | 1   | _                                                   |    |           | 3       |                     |                      |                  |
| 7.F              | <b>-</b>       | <u></u>  |        | *****   |                                                  |     | -                                                   |    | _         |         |                     | *****                |                  |
| O THER           | m n            |          | -      |         | -                                                | === | 2                                                   |    | da va     |         | -                   |                      | -                |
| Cartaronic       | 7              | ·        | -      | -       | •                                                |     |                                                     |    |           |         |                     |                      | -                |
| INACTIVE         | ~ (            | · ·      | -      | ,       |                                                  | 7   | -                                                   | #  | 4         | 7-      | -410 -21            | ين هاعم              |                  |
| NOI CLASSIFIED   | n              | <b>y</b> |        | 7       |                                                  |     |                                                     |    |           | -4      |                     | -                    |                  |
| BEAR LAKE        |                |          |        |         | 4,000                                            | -   | ******                                              |    | -         |         |                     | -                    | - Married Street |

TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALIY, SEX, AGE, AND SPECIALIY BOARD CEXIFFICATION DECEMBER 31, 1975

IDAHO - CONTINUED

|                  | 4 14404               |      |                          | and Character of the Control of the | -                        |                 | Brette fully and algebra departments | Control de descripto de la constante |                 |                                        |                  |                     | and and and and and and |
|------------------|-----------------------|------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|--------------------------------------|--------------------------------------|-----------------|----------------------------------------|------------------|---------------------|-------------------------|
|                  | D. C. T.              | 1    | NEA.                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | AGE             | - 1                                  |                                      |                 |                                        | KL CERT          | BUAKE CERTIFICATION |                         |
| . SPECIALIT      | PHTS ICIANS           | MALE | FEMALE                   | 35 I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 35   -44                 | 45<br>-54       | 55 -                                 | -74                                  | 75  <br> 6 OVER | BOARD I F                              | 2   EDARU        | BUARU 1             | NONE                    |
| BEAR LAKE        |                       |      |                          | 1869 utop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                 |                                      |                                      | •               |                                        |                  |                     |                         |
| I MACTIVE        |                       |      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | egenga vilidib and<br>(* | -               |                                      | -                                    | 7               |                                        |                  |                     | 7                       |
| BENEKAH          | - man                 | 1    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | uin entre ett   |                                      |                                      |                 | ئاء جوزاد الآثار<br>                   | -                |                     |                         |
| TOTAL PHYSICIANS | 4                     | 4    | - ad 400                 | # <b>#</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                        | 101 Ages val    | 70                                   |                                      |                 |                                        | <b></b>          |                     | 7                       |
| GENERAL PRACTICE | 4                     | 4    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | prod.                    |                 | 3-                                   |                                      |                 |                                        | - 1256 - 2556 E  | 1 am am             | ניי נ                   |
| BINGHAM          |                       |      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | eelika watab    |                                      |                                      |                 |                                        |                  | - MAG               |                         |
| TOTAL PHYSICIANS | 12                    | H    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 79                       | 8               | 8                                    |                                      |                 |                                        | -                | -                   | 1.4                     |
| GENERAL PRACTICE | O-                    | 5    |                          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                        | ~               | <u></u>                              |                                      |                 |                                        |                  | - 1111 m            | ಖ                       |
| OTHER SPEC.      | m                     | 87   |                          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7                        | pari 9          | olik milo e                          | _                                    |                 | , and a                                | illin -4880 •    | alis enter a        | M :                     |
| UNSPECIFIED      | 7.7                   | 7    |                          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                 | -                                    |                                      |                 |                                        | aum ation i      |                     | 2                       |
| BLAINE           |                       |      |                          | g23ggs-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -                        | arie apte e     | -                                    |                                      | and tells a     |                                        | enter enter 4    |                     |                         |
| TOTAL PHYSICIANS | 27                    | 12   |                          | e e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7                        | W)              | 4                                    |                                      |                 | <u></u>                                | A000 A100 1      | <b>***</b>          | 7                       |
| GENERAL PRACTICE | 7                     | 4    |                          | 4400 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , m-j                    | 7               | ann wille a<br>gang                  |                                      |                 |                                        |                  |                     | 4                       |
| MEDICAL'SPEC.    | 2                     | 7.   |                          | , 1865 - 1866<br>  1866<br>  1866                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                 |                                      |                                      |                 | مد خالد خالا<br>سر آبادی<br>مد جازی کا | 1886 - AND - AND |                     | æ                       |
| E 73             | ·                     |      |                          | - AMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ilita velicen ad         | -               |                                      |                                      |                 | an eas a                               |                  | -                   | 7                       |
| SURGICAL SPEC.   | 2                     | 2    | -                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | p-4                      |                 | , jour                               | •                                    |                 | (7)                                    |                  |                     |                         |
| 00 GK:           |                       | ·    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | -               |                                      |                                      |                 |                                        | . <b>196</b>     |                     |                         |
| OTHER SPEC.      | 4                     | 4    |                          | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | atom Atom                |                 | end<br>end                           |                                      |                 | 2                                      | ****             |                     | 2                       |
| H. d.            |                       |      | -                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                        | -               | 7                                    |                                      | *****           |                                        | 400 40           |                     | p.                      |
| O THER           | ,                     | 77   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ******                   | -               |                                      |                                      |                 | 500 AMU 2                              |                  | ب کلید حد           | 4 ~4                    |
| BONNER           |                       |      | -                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | wa 480 <i>4</i> |                                      |                                      |                 |                                        | ### AMPL A       |                     |                         |
| TOTAL PHYSICIANS | 188                   | 16   | 2                        | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                        | 'n              | - 4                                  | 4                                    |                 | · ·                                    |                  |                     | 13                      |
| GENERAL PRACTICE | ·                     | 6    | ن بالله باله<br>مدان بون | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | W.              |                                      |                                      |                 |                                        |                  |                     | 89                      |
|                  | And the second second |      |                          | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                        | -               |                                      |                                      | -               | · · · · · · · · · · · · · · · · · · ·  |                  | 7                   |                         |

| TABLE 20 NON-FEDERAL PHYSICIANS BY<br>IDAHO - CONTINUED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | . PHYSICIANS | BY COUNTY, | SPECI                    | ALTY, SE                    | X, AGE,     | AND SPEC | LIALTY BO | JARD CER | TI FICATI(      | SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER | 3ER 31, 1975        | 975             |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|--------------------------|-----------------------------|-------------|----------|-----------|----------|-----------------|-----------------------------------------------------------------|---------------------|-----------------|-----------------------------------------|
| The state of the s | 1 TOTAL      | VEX        | -                        |                             |             | Ä        | AGE       |          |                 | ä                                                               | RUASO CERTIFICATION | TETCATTO        | , k                                     |
| SPEC IALTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PHYS ICIANS  | MALE IFE   | FEMALE                   | UNDEK 1                     | 3544        | 45       | 55        | 65 -74   | 1 75<br>14 OVER | BOARD                                                           | 2  <br>80ARD        | 3<br>BOARD      | NONE                                    |
| BONNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |            |                          |                             |             |          |           |          |                 |                                                                 |                     |                 |                                         |
| MEDICAL SPEC.<br>IM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |            | 1 augu augu <b>440</b> - |                             |             |          |           |          |                 |                                                                 |                     |                 | ; <b>i</b>                              |
| SURGICAL SPEC.<br>6S<br>NS<br>OPH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4 mm mm      |            |                          |                             | - N = A -   |          | 2 -       |          |                 | M                                                               |                     |                 |                                         |
| INCT IVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 m 4        | - N        | ~~~                      |                             |             |          | ·         | , r      |                 |                                                                 |                     | g -55 -50 -2    | 7                                       |
| BONNEVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |            | 1 mag- wash              |                             |             |          |           |          |                 |                                                                 |                     |                 | n                                       |
| TOTAL PHYSICIANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8            | 187        | 2                        | 13                          | 161         | 25       | 21        |          |                 | 39                                                              | 2                   |                 | 39                                      |
| GENERAL PRACTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | 0          | ~                        | <u></u>                     | _=          | e e      | 4         |          |                 | 2                                                               |                     | -               | ٠                                       |
| MEDICAL SPEC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14           | 141        | -                        | m                           | <u> </u>    | 9 2      | 4         |          |                 |                                                                 | 2                   | وربي هاشد بياگا | ۰.                                      |
| X CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7 9 4        | 7 9 4      |                          |                             |             | - m      | 3.1       |          |                 | 4                                                               |                     |                 | 1114                                    |
| SURGICAL SPEC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | w c          | 88         |                          | 4                           | 101         | 5.4      | 21        |          |                 | 22                                                              | * 1950 - 4950 - 4   | 6 -035 -035 -0  | 17                                      |
| 1 S Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . ~ @        | 7 20       | n with -165              |                             | <b>(</b> *1 | 7 - 2    | 4 6       |          |                 | 7 7                                                             |                     | en adm de       | <b>-</b>                                |
| OPH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ~~~          | 10 1       |                          | 121                         | m           | 8        | - m       |          |                 | 212                                                             |                     |                 | t M                                     |
| 070<br>T.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | m - m        | <u> </u>   | ويهي فكانت يخال          |                             | 777         |          | -         |          |                 | 2 2                                                             |                     | -               | m ~ r                                   |
| OTHER SPEC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 18           | 171        |                          | m                           | i in        |          | m         |          |                 | 30                                                              |                     |                 | 4 (2)<br>H                              |
| <b>4</b> 020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N            | ~ M        |                          | alifan sejine vallist albai | <u> </u>    |          |           |          |                 | proj                                                            |                     | ه خبی شد. عبید  | , , , e , e , e , e , e , e , e , e , e |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            | , 4                      | •                           | •           | Ī        | í         |          | •               |                                                                 |                     |                 | ז                                       |

TABLE 20 NON-FEBERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975

NONE PUARD CERTIFICATION BOARD -----2222222 5 377 BOARD 1 2 7 65 13 5 -- -2 3 52 3 7 77 5 23 30 2 <del>----</del> 5.4 21212 <u>-22699277</u> 57777 35 UNDER 3 FEMALE 401040 Srewoor -E87222 MALE PHYS IC IANS | 6 20 GENERAL PRACTICE GENERAL PRACTICE GENERAL PRACTICE NOT CLASSIFIED TOTAL PHYSICIANS TOTAL PHYSICIANS TOTAL PHYSICIANS MEDICAL SPEC. CD GE GE IM PD PUO SURGICAL SPEC. SURGICAL SPEC. ICAHO - CONTINUED OTHER SPEC. SPEC IAL TY 980 BONNEVILLE **BOUND ARY** CANYON BUTTE

| TUANU - CCNIINGED                     |             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |           |       |              |         |       |                        |          |               |
|---------------------------------------|-------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|-----------|-------|--------------|---------|-------|------------------------|----------|---------------|
| × 141 0000                            | DHYCTE WANG | MAKE | SEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HADEE | 35  | AGE       | 5E 55 | 4.5          | 75      | 3     | BDARE CERTIFICATION    | LEICATIO | N SAGA        |
|                                       | 200         | 1    | The state of the s | 35    | 44  | -54       | -64   | 41-          | S COVER | BOARD | BOARD I                | BOARD    | West          |
| CANYON                                |             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |           |       |              |         |       |                        |          |               |
| O THER                                | ~d          |      | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7     |     |           | -     |              |         |       |                        |          | ~             |
| INACTIVE<br>NOT CLASSIFIED            | 4 10        | 4 10 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |           |       |              | 4       | 3.5   |                        |          | W 101         |
| CARIBOU                               |             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,     |     | •         |       |              |         |       | ية منت ع<br>الد هد الا | -        |               |
| TOTAL PHYSICIANS                      | Ś           | ĬÑ.  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pri   | -   |           | 6     | <b>-</b>     |         |       |                        |          | *             |
| GENERAL PRACTICE<br>NOT CLASSIFIED    | 6 61        | (m N |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |           | M     | _ <b>ਜ</b> ੋ |         | 7     |                        |          | 84            |
| CASSIA                                |             |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -     |     |           |       |              |         |       | ***                    |          |               |
| TOTAL PHYSICIANS                      | 91          | 15   | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | 72. | 7         |       | 7            | 7       | 8     |                        | -        | 13            |
| GENERAL PRACTICE                      | -           | -    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | · M |           | - A   |              |         | - # - |                        |          | 9             |
| SURGICAL SPEC.<br>6.5<br>0 PH<br>0 RS | M = = =     | 8888 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | 7   |           |       |              |         | 7.7.7 |                        |          | T F           |
| OTHER SPEC.                           | A-1         |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |           | ·     |              |         |       |                        |          |               |
| INACTIVE<br>NOT CLASSIFIED            | 60          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     | _ <b></b> |       | 7            | 7       |       |                        |          | K N           |
| CLEARWATER                            |             |      | <br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |     |           | -     |              |         |       | -                      |          |               |
| TOTAL PHYSICIANS                      | 9           | ın.  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | 2   | 2         | 7     |              |         |       |                        |          | •             |
| GENERAL PRACTICE                      | 8           | 2    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • «   | 777 | <b>-</b>  |       |              |         |       |                        |          | 2             |
| SURGICAL SPEC.                        | ·           |      | . 40 40 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | 777 |           | -     |              |         |       |                        |          | <b>ਜ</b> ਾ ਕੀ |
| OTHER SPEC.                           | 11          | 1    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -     |     | 1         |       |              |         |       |                        |          | 1             |

| TABLE 20 NE       | TABLE 20 NON-FEDERAL PHY | PHYS ICIANS B | Y COUNTY, | SPECIALTY, S | EX, AGE, | AND SPECIALTY BOAR | PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975 | BER 31, | 1975 |
|-------------------|--------------------------|---------------|-----------|--------------|----------|--------------------|------------------------------------------------------------------------------------------------|---------|------|
| TOAMO - CONTINUES | NITANIEE                 |               |           |              |          |                    |                                                                                                |         |      |

| 6                                                                                             |   |
|-----------------------------------------------------------------------------------------------|---|
| 31,                                                                                           |   |
| DECEMBER                                                                                      |   |
| L PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1 |   |
| BOARD C                                                                                       |   |
| SPECIALTY                                                                                     |   |
| AND                                                                                           |   |
| AGE,                                                                                          |   |
| SEX                                                                                           |   |
| SPECIALTY,                                                                                    |   |
| COUNTY,                                                                                       |   |
| ₽ ₹                                                                                           |   |
| PHYS ICLANS                                                                                   |   |
| ABLE 20 NON-FEDERAL                                                                           |   |
| 20                                                                                            |   |
| ABLE                                                                                          | : |

TOWN - CONTINUED

BOARD CERTIFIC

BDA

BOARD

BOARD

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35

UNDER

FEMALE

PHYSICIANS! MALE TOTAL

SPEC IALTY

TOTAL PHYSICIANS

**CUSTER** 

OTHER SPEC.

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> > 3

GENERAL PRACTICE

SURGICAL SPEC. GS

TOTAL PHYSICIANS

GEM

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GENERAL PRACTICE

TOTAL PHYSICIANS

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GENERAL PRACTICE

TOTAL PHYSICIANS

GOODING

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7

GENERAL PRACTICE

INACTIVE

FREMONT

TOTAL PHYSICIANS

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5

GENERAL PRACTICE

NUT CLASSIFIED

FRANKLIN

Idaho 64

MEDICAL SPEC. PUD

TOTAL PHYSICIANS

ELMORE

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| TAB | TABLE 20 NON-FEDERAL PH) | PHYSICIANS BY COUNTY, SPECIALIY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975 | SPECIALTY, | SEX, AU | S AND | SPECIALTY | BOARD | CERTI FICATION | DECEMBER | 31, 1 | 5161 |
|-----|--------------------------|------------------------------------------------------------------------------------------------|------------|---------|-------|-----------|-------|----------------|----------|-------|------|
| IDA | IDAHO - CONTÍNUED        |                                                                                                |            |         |       |           |       |                |          |       |      |

|   | TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, | AL PHYSICIANS                                                       | BY COU | NTY, SF | ECIALIY  | SEX, | AGE | AND | SPECIALIY | BOARD | CERTI FICAT | NO I | DECEMBE | R 319   |
|---|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------|---------|----------|------|-----|-----|-----------|-------|-------------|------|---------|---------|
|   | IDAHO - CONTÍNUED                                                                                              |                                                                     |        |         |          |      |     |     |           |       |             |      |         |         |
| 1 |                                                                                                                | TOTAL                                                               |        | SEX     |          |      |     |     | AGE       |       |             | -    | 909     | L.U. LE |
|   | SPECIALTY                                                                                                      | PHYSICIANS   MALE   FEMALE   UNDER   35   45   55   65   75   1   2 | MALE   | FEMAL   | E I UNDE | - ×  | 5   | 45  | 55        | 1 65  | 1 75        | _    | 1       | 2       |

## BDALU LERTIFIC BLARL BOARD

& OVER

65

G0001 NG

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3

8 2

12

191 in.

2 3

2

194 16

48

TOTAL PHYSICIANS

GENERAL PRACTICE

7

8 ~~

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m

n

GENERAL PRACTICE

TOTAL PHYSICIANS

JEFFERSON

9

GENERAL PRACTICE

SURGICAL SPEC.

OTHER SPEC.

INACT IVE

KOOTENAI

TOTAL PHYSICIANS

JEROME

7 ~

3

GENERAL PRACTICE

TOTAL PHYSICIANS

MEDICAL SPEC. IM PUC

SURGICAL SPEC.

INACTIVE

IDAHO

UNSPECIFIED

OTHEK SPEC.

Idaho 65

BO

TABLE 20 NUN-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975

| And the same of th | 1 TOTAL     |          | SEX    |                                            | CLANDER CONT. CONT. CANADA | A         | 9F        |                                       |                    | Ŕ                                     | BOARD LEKTIFICATI | LIFICALL                                   | NO                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|--------|--------------------------------------------|----------------------------|-----------|-----------|---------------------------------------|--------------------|---------------------------------------|-------------------|--------------------------------------------|---------------------------------------|
| SPEC 1ALTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PHYSICIANS  | MALE     | FEMALE | UNDER 1                                    | 35                         | 45<br>-54 | 55<br>-64 | 65 - 74                               | 1 75<br>Is UVER    | 1<br>BOAPD                            | 1 2<br>1 BOARD    | 3 30000                                    | NONE                                  |
| KDOTENAJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | ~~~      |        |                                            |                            |           |           |                                       |                    |                                       |                   |                                            |                                       |
| MEDICAL SPEC.<br>GE<br>IM<br>BN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | и ~ m г     | N H M F  |        | and all all all all all all all all all al | ำ กิ                       | - T - T   |           | -00 mg/ 40 Am m                       |                    | M N -                                 |                   | ر<br>د د د د د د د د د د د د د د د د د د د | 244                                   |
| SURGICAL SPEC.<br>6S<br>086                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4 ችጥመሪ      | 4 40 80  |        | 7777                                       | 507                        | 202       |           |                                       |                    | 4 8242                                |                   |                                            | 23.0                                  |
| 285<br>200<br>200<br>200<br>200<br>200<br>200<br>200<br>200<br>200<br>20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1211        | 1000     |        | 1 anii 310 A                               | 221                        |           |           |                                       |                    |                                       | بند بند .         |                                            | 7                                     |
| OTHER SPEC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>о</b> п. | ٠٠٠      |        |                                            | 72                         | 7 =       |           | , , , , , , , , , , , , , , , , , , , |                    | , m.t                                 |                   | 1880 aggin 2000 a                          | 2                                     |
| i<br>i<br>i<br>i<br>i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |          | ·      |                                            | 7                          | ~         |           | ,-1                                   |                    | - 0                                   | *** and ages &    | ett pan ego s                              | , , , , , , , , , , , , , , , , , , , |
| INACTIVE<br>NOT CLASSIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | W 14        | 777      |        |                                            |                            |           |           | m<br>                                 |                    |                                       |                   |                                            | 2                                     |
| LATAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |          | -      | -                                          |                            | -         |           |                                       |                    |                                       |                   | <b></b>                                    | -                                     |
| GENERAL PRACTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12          | 12 5     |        |                                            | 5 m                        |           | <b>7</b>  |                                       | ، جه جه ۵          | · · · · ·                             | -                 | 5 alp als 4                                | 7                                     |
| MEDICAL SPEC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22          | ~ ~      |        |                                            | 777                        | ~ ~ ~     |           |                                       |                    | , , , , , , , , , , , , , , , , , , , | an -an -an -a     |                                            | ,d =4                                 |
| SURGICAL SPEC. 65<br>65<br>0 PH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8 4 8       | N III N  |        | ه الكنيد خالف خوان جيد                     |                            | 777       |           |                                       |                    | 777                                   |                   | to age title stile A                       |                                       |
| OTHER SPEC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | m 22 m      | 824      | -      |                                            | - 60 -                     |           |           |                                       | an alla ann alla a |                                       |                   | 50 em -eio esce ei                         | 23                                    |
| INACTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | m           | <b>м</b> |        |                                            |                            |           |           | ·n                                    |                    | _ 49- 4                               |                   | -                                          | 8                                     |

TABLE 20 NUN-FEDERAL PHYSICIANS SY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY DOARD CEATIFICATION DECEMBER 31, 1975

IDAHO - CONTINUED

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1          |                     |             |                                         |                |               | -           |        |       | 1000                | 101000                                  |               |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|-------------|-----------------------------------------|----------------|---------------|-------------|--------|-------|---------------------|-----------------------------------------|---------------|
| AL IV LEGO       | DHY TO TARK 1 MA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>7</b> u | E C MAIF            | 1120056     | 35                                      | 45 1           | 55            | 44          | 7.5    |       | DUABLE LEKILELAILEN | 44184474                                | LONE          |
|                  | TO TO TO THE PARTY OF THE PARTY | ا ب        | 1700                | 35          | -44                                     | 54             | -64           | -74         | b OVER | BOARU | 90                  | BDA3D                                   |               |
| 1.1.20           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                     |             |                                         |                | -             |             |        |       |                     |                                         |               |
| 1                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -          |                     |             |                                         | . ***          | -             | •           | -      | -     |                     | -                                       |               |
| TOTAL PHYSICIANS | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4          |                     |             |                                         | 2              | , and         | pred -      |        |       | -                   |                                         | <b>‡</b>      |
| GENERAL PRACTICE | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4          |                     | -           |                                         | 2              | *****         |             |        |       | -                   |                                         | 4             |
| LEWIS            | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                     | <b></b>     |                                         | -              | -             | -           |        |       |                     | -                                       |               |
| TOTAL PHYSICIANS | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8          |                     |             |                                         |                | M             | ** 415 4    |        |       | -                   |                                         | 2             |
| GENERAL PRACFICE | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - = *      |                     |             |                                         |                | M-444 P       |             |        |       |                     |                                         | 1             |
| INACTIVE         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                     | -           |                                         |                |               | ***         | 77     |       |                     | *************************************** | 3             |
| LINCOLN          | nio estata di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                     |             |                                         | -              |               |             |        |       | -                   | M 400 Al                                |               |
| TOTAL PHYSICIANS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>—</b>   |                     |             | Die stellt segge j                      |                | - <del></del> |             |        |       | -                   |                                         | ral           |
| SURGICAL SPEC.   | pri pri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | اد پیرو است میس<br> |             |                                         |                | 777           |             |        |       |                     |                                         | <b>~</b> 1 ~1 |
| MADISON          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                     |             | *************************************** |                | Pi 400 M      | 40 ALVAN 44 |        |       |                     |                                         |               |
| TOTAL PHYSICIANS | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 80         |                     | 10. intb an | Ē.                                      | 2              |               | pel         | -      | 7     |                     | 10 All 10                               | 7             |
| GENERAL PRACTICE | <b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - 7        |                     | - 44 4      | 2                                       |                |               |             |        |       |                     | 00 A(I), A(                             | 1             |
| SURGICAL SPEC.   | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2          | -                   |             | 7.7                                     |                | ر هايين ها    |             |        | 7     | m                   |                                         | , person      |
| 6\$<br>086       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | -                   |             | ~                                       | <del>-</del> - |               |             |        | 구     |                     |                                         | -             |
| NOT CLASSIFIED   | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7          |                     | 7           |                                         | 7              |               |             |        |       | antha alai          |                                         | 2             |
| MINIDOKA         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                     | -           | جيف                                     | . 1801         |               | -           | -      |       |                     | * 100g Alm                              |               |
| TOTAL PHYSICIANS | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9          |                     | -           |                                         | 7              | 2             | *****       |        | 7     |                     | - ASIA 45                               | 4.            |
| GENERAL PRACTICE | ın                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ī,         |                     |             | 7                                       | 2              | 2             |             |        | , m   |                     | n (1862)                                | 4             |
| MEDICAL SPEC.    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                     | ;-d         |                                         |                |               | 100 -anns ( |        | 7     |                     | -                                       |               |
| M I              | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ä          |                     |             |                                         |                | -             |             |        |       |                     |                                         |               |
| NEZ PERCE        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                     | -           |                                         | - A(D +H       |               | - 495 ***   |        |       |                     | and the                                 |               |
| TOTAL PHYSICIANS | 53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 51         | 2                   | 7.1         | 11                                      | 15             | 6             | S           | 3      | 26    |                     |                                         | 27            |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                     |             |                                         |                |               |             |        |       |                     |                                         |               |

TABLE 20 AGN-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975

IDAHO - CONTINUED

|                  | TOTAL                                 |                  | SEX    |         |                | AC              | AGE     |          |     | 8.      | BOAKE CERTIFICATION | TEICATIO       | 2          |
|------------------|---------------------------------------|------------------|--------|---------|----------------|-----------------|---------|----------|-----|---------|---------------------|----------------|------------|
| SPEC IALTY       | PHYSICIANS                            | ALE              | FEMALE | UNDER   | 35             | 45              | 55      | 65       | 75  | 1 00    | 2                   | n 6            | NON        |
|                  |                                       |                  |        | 22      | -              |                 | +0-     | +        |     | DUAKU   | DOAKU               | DUAKU          |            |
| NEZ PERCE        |                                       |                  |        | , and 4 | ·              | ·               |         |          |     |         |                     |                |            |
| GENERAL PRACTICE | 13                                    | 121              |        | 7       |                | 9               | 2       | <u> </u> |     |         | -                   |                | 13         |
|                  |                                       |                  |        |         | -              |                 |         |          |     |         |                     | -              |            |
| MEDICAL SPEC.    | · -                                   | <u>~</u>         |        | = -     | <del>-</del> - | ~               | <u></u> |          |     | -       |                     | -              | N ^        |
| 50               | ~                                     | 7                |        | 7       | 7              |                 | -       |          | -   | 2       |                     |                | •          |
| £ i              | 69                                    | m                |        |         | 7              | _               | 2       |          |     | 2       | -                   |                | ~          |
| O.               | m                                     | m                | -      |         |                | 2               |         |          |     | Ē       |                     |                |            |
| SURGICAL SPEC.   | 15                                    | 15               |        | 2       |                | - 60            | 7       | -        | ~   |         |                     | -              | -          |
|                  | 20                                    | 2                |        | ,       | 7.7            |                 | 7       | 11       |     |         |                     | -              | •          |
| 086              |                                       |                  | _      |         | -              | _               | 7       |          | -   | _       | _                   | -              | ~          |
| HAD O            | m (                                   | m                | -      | 7       | 7              |                 | -       |          | 7   |         | _                   | -              |            |
| O.K.             | n -                                   | <u> </u>         | _      | -       | 2              | ~ '             |         |          |     | m.      | -                   | <del>.</del> • |            |
| 2                | 7 6                                   | 7 ~              | -      | -       |                |                 |         |          |     | 1       |                     |                |            |
| ,                |                                       |                  | - 44   |         |                | •               |         |          | · - |         |                     |                |            |
| OTHER SPEC.      | 11                                    | 101              | 1      | 12      | 3              | *               |         | :7       |     | 2       |                     | _              | 49         |
| 2                | 7                                     | - ·              |        | 7       | 7              |                 | -       |          | -   | 1       | _                   | •              | -          |
| 2.6              | 7                                     | 7                | -      | 7       | _              | <u> </u>        |         | •        | -   | ·       | -                   | -              | ~:         |
| E a              | 1 4                                   | 1 9              | _      | _       | -              | r               |         | -        |     | 7       | -                   | -              |            |
| N THER           | · -                                   | -                |        | -       | 7 -            | 7               |         | -1       |     |         | -                   | -              | -4         |
| UNSPECIFIED      | -                                     | -                |        |         | •              | 7               | -       |          | -   |         |                     | -              | •          |
|                  | _                                     | -                | -      |         | -              |                 |         |          |     | _       | -                   | -              |            |
| INACT IVE        | in                                    | <u>.</u>         |        |         |                |                 | 2       | 7        | 7   |         |                     | -              | ú          |
| ONEIDA           |                                       |                  |        |         |                | - <del></del> ' |         |          |     |         |                     |                |            |
| TOTAL PHYSICIANS | , , , , , , , , , , , , , , , , , , , | - <del>-</del> - |        |         |                | <b></b>         |         |          |     |         |                     |                | <b>,-4</b> |
|                  |                                       |                  | _      |         |                |                 | _       |          | _   |         | _                   | _              |            |
| GENERAL PRACTICE |                                       | ~ ·              |        | 7       | -              |                 |         |          |     |         |                     | alli m         | 7          |
| OWYHEE           |                                       |                  |        |         | -              | _ <b></b>       |         |          |     | ,       |                     | -              |            |
| TOTAL PHYSICIANS | -                                     | -                |        |         | -              |                 |         |          | -   |         |                     | -              | 7          |
| NOT CLASSIFIED   |                                       | <b>—</b>         |        | 74      |                |                 |         |          |     |         |                     |                | 1 144      |
| PAYETTE          |                                       |                  |        |         |                | _ <b> </b>      |         |          |     | w des 4 |                     | -              |            |
| TOTAL PHYSICIANS | wn                                    | 4                |        |         |                | ੋਜ਼ <b>ਂ</b>    |         | *        | 2   |         |                     |                | 'n         |
| GENERAL PRACTICE | n                                     | 70               |        |         |                |                 |         | ~        |     |         | -                   |                | e,         |
|                  |                                       |                  |        |         |                |                 |         |          |     |         |                     |                |            |

|                            | TOTAL       |             | »EX                |                        | ediedire die odrumellie die die | AGE               |                                          |           |                   | 9                   | BUARU CERT |
|----------------------------|-------------|-------------|--------------------|------------------------|---------------------------------|-------------------|------------------------------------------|-----------|-------------------|---------------------|------------|
| SPECIALTY                  | PHYS ICIANS | MALE        | FEMALE             | UNDER                  | 35                              | 45                | 55                                       | 65        | 1 75              | 1<br>80 <b>4</b> 80 | 2 SOARU    |
| POWER                      |             |             |                    |                        |                                 |                   |                                          |           | ,                 |                     | 1          |
| TOTAL PHYSICIANS           | 2           | ~           |                    |                        | regioner met                    | -                 | 2                                        |           | -                 |                     |            |
| GENERAL PRACTICE           | 2           | ~           | 10 ann a           |                        | an <b>an</b> -6                 | -                 | 7                                        |           | -                 |                     |            |
| SHOSHONE                   |             |             |                    |                        | Milita agidan, een              | Meth experies And |                                          |           |                   |                     |            |
| TOTAL PHYSICIANS           | 13          | 13          |                    |                        | 2                               | , marin an        | ัก                                       | ю<br>     |                   | 2                   |            |
| GENERAL PRACTICE           | 10          | 10          | <b>1</b> 00 400 40 |                        | N                               | -                 | <del>-</del> <del>-</del> <del>-</del> - | m         | 10 miles 20       | -1                  | 2 mg -d    |
| SURGICAL SPEC.             |             |             | 100                |                        | edik zatich wengs d             | 100 em 2          | 77                                       |           | gg -1880 antis, o | ri pri              |            |
| INACTIVE<br>NCT CLASSIFIED |             |             | 1990 1990 April 4  |                        | 905                             |                   | THE COLUMN TWO CO.                       |           | ~                 |                     |            |
| TETON                      | -           |             | 1000 manu eta      |                        | an an a                         |                   |                                          |           |                   |                     |            |
| TOTAL PHYSICIANS           | H           |             | -                  | -                      | , <b>-</b>                      | *** 4115 411      |                                          |           |                   |                     |            |
| GENERAL PRACTICE           | ام<br>ام    |             |                    | یر دست ری <sub>ن</sub> |                                 | and and an        |                                          |           | m 4004 m          |                     |            |
| THIN FALLS                 | <b>****</b> | www.adan.vo |                    |                        | alle elle el                    |                   |                                          | _         |                   |                     |            |
| TOTAL PHYSICIANS           | 75          | 73          | 2                  | 12                     | 33                              | 32                | 18                                       | <b>20</b> | 4                 | 45                  | 7          |
| GENERAL PRACTICE           | 17          | 17          | -                  | m .                    | 7                               | ~                 | -                                        | ю.        |                   |                     | 100 AND OF |
| MEDICAL SPEC.              | 14          | 14          | on Abres es        | m                      | 4 -                             | .n                | 7                                        | <b>,</b>  |                   | 5.                  | -          |
| 31. ∕<br>⊃ H4 (            | - 6         | - 6         |                    | m                      | 777                             | 2                 | 7                                        | <b>r</b>  | - نائد و          | 4 4 .               |            |
| 3                          |             | *           |                    |                        |                                 | 7                 |                                          |           | ··                | +                   |            |
| SURGICAL SPEC.             | 24          | 24          |                    | n                      | 2 4                             | 200               | 70                                       | 7         | _                 | 23                  |            |
| 0 80                       | 4           | 4           | . جد ،             | -                      | 7                               |                   | 12                                       |           |                   | 4.                  |            |
| ORS                        | 0 4         | • 4         |                    | -11                    | 77                              | -4                | 7                                        | <b>Y</b>  |                   | 44                  |            |
| 0.T0<br>U                  | 5 1         | 77          |                    | -                      |                                 |                   | 7                                        |           |                   | 2 2                 |            |
| OTHER SPEC.                | 13          | 1 12        |                    |                        | 70                              | 9                 | <u> </u>                                 |           | ~-                | 11                  | -          |
| <b>∀</b> 0                 | 4           | , n –       |                    | ~                      | 400                             | <u></u>           | <b>-</b>                                 |           | -                 | 13                  |            |
|                            |             |             |                    |                        | •                               | •                 | 1                                        |           |                   |                     |            |

Idaho 69

TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975

IDAHO - CONTINUED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I TOTAL I  |      | SEX    |              | ,  | •   | 95  |               |          | la la | BOAPH CEPTIETCATTOR | TETCATT  |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|--------|--------------|----|-----|-----|---------------|----------|-------|---------------------|----------|------------|
| SPECIALTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PHYSICIANS | MALE | FEMALE | UNDER        | 35 | 45  | 55  | 99            | ı        | 7     | 2                   | 3        | NONE       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |      |        | 25           | *  | -24 | 79- | -74           | C OVER   | BRARD | 1 BOARD             | BOARD    |            |
| THIN FALLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |      |        |              |    |     |     |               |          |       |                     |          |            |
| α.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _          | ^    |        |              | _  |     |     |               |          |       | -                   |          |            |
| HTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3          | 1 W  |        |              | 7  |     |     |               |          |       | -                   |          |            |
| <b>~</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | , ch       | eri) |        |              |    | ~   |     |               |          | 1 10  |                     |          |            |
| INACTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | *    |        |              |    |     |     |               |          |       |                     |          | •          |
| NOT CLASSIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2          | 2    | -      | 2            |    |     | •   | 4             | <b>-</b> |       |                     |          | <b>†</b> ~ |
| VALLEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |      |        | -            |    | *** |     |               |          |       |                     |          |            |
| TOTAL PHYSICIANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9          | ſ    | -      | ~~           |    |     |     |               |          |       | -                   |          | •          |
| GENERAL PRACTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •          | ır   | -      | . 200 AS     |    |     |     |               |          | j 1   | -                   |          | t          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | 1    |        | <del>-</del> |    | 7   | 7   | _             |          | 2     |                     | eller •  | 4          |
| WASHINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -          |      |        |              |    |     |     |               |          |       |                     |          |            |
| TOTAL PHYSICIANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S.         | 4    | -      | 440b         |    | 2   |     | - 7           |          | ~     | -                   | -        | 4          |
| GENERAL PRACTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |      |        | ages with    |    | 2   |     |               |          |       |                     |          | , d        |
| MEDICAL SPEC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |      |        |              |    |     |     |               |          |       |                     |          | •          |
| W.H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |      |        | -            | -  |     |     | - <del></del> |          | 4     |                     | -        |            |
| INACTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | -    |        |              |    |     |     |               |          |       |                     | alls eth | ы          |
| Annahal and the second |            |      |        |              |    |     |     |               |          |       |                     | -        |            |

TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975

|                              | <u></u>           |                           | COUNTRY      | COUNTRY OF GRADUALION | AI ION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
|------------------------------|-------------------|---------------------------|--------------|-----------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| ACTIVITY                     | TOTAL PHYSICIANS! | TOTAL<br>UNITED<br>STATES | WITHIN STATE | CONTIGUOUS<br>STATE   | OTHER STATE | CANADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OUTSIDE<br>U.S. & CANADA |
| ADA                          |                   |                           |              |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| TOTAL PHYSICIANS             | 506               | 203                       |              | 47                    | 156         | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7                        |
| PATIENT CARE                 | 171               | 168                       |              | 39                    | 129         | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7                        |
| OFFICE BASED<br>PRIMARY CARE | 162               | 159                       |              | 35                    | 124         | 1 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ~                        |
| NOT PRIMARY<br>CARE          | 102               | 100                       |              | 18                    | 882         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ~                        |
| HOSPITAL BASED<br>PRACTICE   | <b>6</b>          | ٥                         |              | 4                     | ın          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9 min min d              |
| FULL-TIME                    | •                 | ø                         |              | 4                     | W           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | an do s                  |
| OTHER PROFESSIONAL ACTIVITY  | 16                | 16                        |              | 'n                    | 11          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ع، بين ما                |
| INACTIVE<br>NOT CLASSIFIED   | 13                | 13                        |              | 1 2                   | 11          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n 400 any 10             |
| ADAMS                        |                   |                           |              |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| TOTAL PHYSICIANS             |                   |                           |              |                       | rd          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • ••• ••                 |
| PATIENT CARE                 |                   | 7                         |              |                       | e alte ag   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| OFFICE BASED<br>PRIMARY CARE | ri ri             |                           |              |                       | A A         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| BANNOCK                      |                   |                           |              |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100 miles est            |
| TOTAL PHYSICIANS             | 28                | 79                        |              | 11                    | 62          | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ين جاند ني               |
| PATIENT CARE                 | 89                | 67                        |              | 16                    | 15          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>.</b> 48 a            |
| OFFICE BASED<br>PRIMARY CAKE | 896               | 67<br>29                  |              | 16<br>8               | 23          | <b>#</b> #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |
| CARE CARE CARE               | 38                | 96                        |              | 80                    | 30          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>30</b> 400 40         |
| ACTIVITY                     | N                 | 2                         | :            |                       | 7           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M alba es                |
| INACTIVE                     | <br>-             | -                         |              |                       | -           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
|                              | T                 |                           |              |                       | A           | The country of the co | -                        |

TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975

|                              | -                                     |                           |               |                              |             | m, di un este agresi espesa elle di un espesa de | ere digente en eine eine eine eine eine eine ei   |
|------------------------------|---------------------------------------|---------------------------|---------------|------------------------------|-------------|--------------------------------------------------------------------------------------|---------------------------------------------------|
|                              |                                       |                           | UNITED STATES | COUNTRY OF GRACUATION STATES | NOTION      |                                                                                      |                                                   |
| ACTIVITY                     | TOTAL PHYSICIANS                      | TOTAL<br>UNITED<br>STATES | WITHIN STATE  | CONTIGUOUS<br>STATE          | OTHER STATE | CANADA                                                                               | OUTSIDE<br>U.S. & CANADA                          |
| BANNOCK<br>NOT CLASSIFIED    | 6                                     | æ                         |               | 1                            | 2           |                                                                                      |                                                   |
| BEAR LAKE                    |                                       |                           |               |                              |             |                                                                                      |                                                   |
| TOTAL PHYSICIANS             | 4                                     | *                         |               | 8                            | 2           |                                                                                      | -                                                 |
| PATIENT CARE                 | 2                                     | 7                         |               | α                            |             |                                                                                      | -                                                 |
| OFFICE BASED<br>Primary Care | 88                                    | 77                        |               | N N                          |             |                                                                                      |                                                   |
| . INACTIVE NOT CLASSIFIED    | , , , , , , , , , , , , , , , , , , , | e e                       |               |                              | <b>H</b> 7  |                                                                                      | <b>(11)</b> • • • • • • • • • • • • • • • • • • • |
| BENEWAH                      |                                       |                           | -             |                              |             |                                                                                      | <b>.</b>                                          |
| TOTAL PHYSICIANS             | · ·                                   | 4                         |               |                              | *           |                                                                                      |                                                   |
| PATIENT CARE                 | 4                                     | 4                         |               |                              | *           |                                                                                      |                                                   |
| OFFICE BASED<br>PRIMARY CAKE | 44                                    | 44                        |               |                              | 44          |                                                                                      | 10 dip one d                                      |
| BINGHAM                      |                                       |                           |               |                              |             |                                                                                      | 100 offo 4                                        |
| TOTAL PHYSICIANS             | 12                                    | 11                        |               | ın                           | •           |                                                                                      |                                                   |
| PATIENT CARE                 | 12                                    | ıı                        |               | ĸ                            | •           |                                                                                      |                                                   |
| OFFICE BASED<br>PRIMARY CARE | 006                                   | 10                        |               | un un                        | w 4         |                                                                                      |                                                   |
| CARE                         |                                       | <b>.</b>                  |               |                              |             |                                                                                      | 10 mm m                                           |
| HOSPITAL BASED<br>PRACTICE   | 2                                     |                           |               |                              | -           |                                                                                      |                                                   |
| STAFF                        | 7                                     |                           | 400 A         |                              | -           |                                                                                      | ~                                                 |
| BLAINE                       |                                       |                           |               |                              |             |                                                                                      | dis 40° di                                        |
| TOTAL PHYSICIANS             | 77                                    | 12                        |               | ,70                          | . 01        |                                                                                      |                                                   |
|                              |                                       |                           |               |                              |             |                                                                                      |                                                   |

TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975

IDAHO - CONTINUED

|                                          |                      |                           | CUUNIEX<br>UNITED STATES | CUUNTEY OF GRADUALION<br>STATES | ALION       |          |                                         |
|------------------------------------------|----------------------|---------------------------|--------------------------|---------------------------------|-------------|----------|-----------------------------------------|
| ACTIVITY                                 | 10TAL<br> Physicians | TOTAL<br>UNITED<br>STATES | WITHIN STATE             | CONTIGUOUS<br>STATE             | OTHER STATE | CANADA   | OUTSIDE<br>U.S. & CANADA                |
| BLAINE                                   |                      |                           | water with an            |                                 |             |          |                                         |
| PAIIENT CARE                             | 7.7                  | 12                        | tin meta est             | 2                               | 10          |          | n 400 AN                                |
| CFICE BASED<br>PRIMARY CARE              | 12                   | 12<br>6                   | the series received      | 7.4                             | 201         |          |                                         |
| NUI PRIMAKY<br>CARE                      | 9                    | 9                         | egi, digam eli           | 1                               | ď           |          |                                         |
| BONNER                                   |                      |                           | tra natao w              |                                 |             |          | in allow day                            |
| TOTAL PHYSICIANS                         | 18                   | 18                        |                          | 7                               | 16          |          |                                         |
| PATIENT CARE                             | 17                   | 14                        |                          | 7                               | 12          |          |                                         |
| OFFICE BASED<br>PRIMARY CARE             | 10                   | 14                        |                          | 77                              | 12<br>8     |          | -                                       |
| NDI PRIMARY<br>CARE                      | 4                    | 4                         |                          |                                 | 4           |          |                                         |
| INACTIVE                                 | *                    | 4                         |                          |                                 | 4           |          | na stopp of                             |
| BONNEVILLE                               | eg 4400 ak           |                           |                          |                                 |             |          | # 450 FM                                |
| TOTAL PHYSICIANS                         | 80                   | 18                        |                          | 18                              | 09          | <b>~</b> | -                                       |
| PATIENT CARE                             | 1 52                 | 74                        |                          | 18                              | 95          | •        | -                                       |
| OFFICE BASED<br>PRIMARY CARE             | 71   29              | 71 29                     |                          | 17 6                            | 54<br>20    |          | m = = = = = = = = = = = = = = = = = = = |
| CARE                                     | 745                  | 45                        | ilip anim ad             | 80                              | 34          |          | <b></b>                                 |
| HOSPITAL BASED<br>PRACTICE<br>RESIDENTS  | 4 11                 | 6 11                      |                          | <b>4</b>                        | 21          | Ħ        |                                         |
| FULL-TIME<br>STAFF<br>OTHER PROFESSIONAL | n                    | 2                         | (ii) viii) viii          | -                               | p           |          | -                                       |
| ACTIVITY                                 | , ess ,              |                           | - Mile                   |                                 |             |          | 1                                       |
| INACTIVE<br>NOT CLASSIFIED               | 70                   | 88                        |                          |                                 | 8 8         |          |                                         |
|                                          |                      |                           |                          |                                 |             |          | A                                       |

| ACTIVITY   PH                                             | •                  | And district the Control of the Cont | 7                            | CHUNIKI UF SKADUALIUN           | ALION       |        |                                       |
|-----------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|-------------|--------|---------------------------------------|
|                                                           | TOTAL   PHYSICIANS | TOTAL<br>UNITED<br>STATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UNITED UNITED I WITHIN STATE | O STATES<br>CONTIGUOUS<br>STATE | OTHER STATE | CANADA | OUTSIDE<br>U.S. & CANADA              |
| BOUNDARY                                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                 |             |        |                                       |
| TOTAL PHYSICIANS                                          |                    | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | 4           |        |                                       |
| PATIENT CARE                                              | 4                  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | 4           |        |                                       |
| GFFICE BASED  <br>PRIMARY CARE  <br>NOT PRIMARY  <br>CASE | 4 m -              | ቀጠ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | an din da na a               |                                 | 4 m ,       |        |                                       |
| BUTTE                                                     | ·                  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 |             |        |                                       |
| TUTAL PHYSICIANS                                          |                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 |             |        |                                       |
| PATIENT CARE                                              | - <del></del> -    | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | ri          |        | د مثله مثله                           |
| OFFICE BASED PRIMARY CARE                                 | 7.1                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                 |             |        |                                       |
| CANYOK                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                 |             |        |                                       |
| TOTAL PHYSICIANS                                          | 91                 | 86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | 18                              | 99          | e      | 2                                     |
| PATIENT CARE                                              | - 62               | 74                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | 16                              | 95          | m      | 2                                     |
| DFFICE BASED  <br>PRIMARY CARE  <br>NOT DPIMARY           | 34                 | 71<br>31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5 mm and m                   | 16                              | 212         | ๓๓     |                                       |
| CARE                                                      | - <del></del>      | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | 9                               | 34          |        | , , , , , , , , , , , , , , , , , , , |
| HOSPITAL BASED   PRACTICE   CHILL STARE                   | 4                  | ĸ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | m           |        |                                       |
| STAFF OTHER PROFESSIONAL   ACTIVITY                       | 4 m                | м м                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                 | m m         |        | ~                                     |
| INACTIVE IN NOT CLASSIFIED                                | 410                | 4 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | 2                               | 4 %         |        |                                       |
| CARIBOU                                                   |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                 |             |        | <b>∞</b> ~••                          |
| TOTAL PHYSICIANS                                          | <b>-</b>           | 'n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                            | 2                               | (n)         |        | ·                                     |

TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975

| IDAHO - CONTINUED                                   |                      |                           |                       |                       | O (III alibinity sapandiania arcibata) and an anti-arciba anciba anciba | e de companie esta está acomo de periodo de desta de la Cilimatica dos estas estas estas estas estas estas est |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------|----------------------|---------------------------|-----------------------|-----------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                     |                      |                           | COUNTRY COUNTRY       | COUNTRY OF GRADUATION | ATION                                                                   |                                                                                                                | A THE RESIDENCE AND ADDRESS OF THE PERSON OF |
| ACTIVITY                                            | TOTAL<br> PHYSICIANS | TOTAL<br>UNITED<br>STATES | MITHIN STATE          | CONTIGUOUS<br>STATE   | OTHER STATE                                                             | CANADA                                                                                                         | OUTSIDE<br>U.S. & CANADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CAR1BOU                                             |                      |                           | ugina unita di        |                       |                                                                         |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PATIENT CARE                                        | æ                    | 3                         |                       | •                     | 2                                                                       |                                                                                                                | • ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| OFFICE BASED<br>PRIMARY CARE<br>NOT CLASSIFIED      | 'm m N               |                           |                       | pri pri pri           | 221                                                                     |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CASSIA                                              |                      |                           |                       |                       |                                                                         |                                                                                                                | **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| TOTAL PHYSICIANS                                    | 16                   | 16                        |                       | M                     | e                                                                       |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PATIENT CARE                                        |                      | 11                        | ili elin ud           | M                     | 00                                                                      |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OFFICE BASED<br>PRIMARY CARE<br>NOT PRIMARY<br>CARE | 7                    | 11 7                      | an man diffe tipe con | en ∨ ⊶                | ω m ω                                                                   |                                                                                                                | <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| INACTIVE<br>NOT CLASSIFIED                          | 62                   | ю «V                      |                       |                       | nα                                                                      |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CLEARWATER                                          | - 45 -               |                           |                       |                       |                                                                         |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TOTAL PHYSICIANS                                    | 9                    | ĸ                         |                       |                       | m                                                                       | 1                                                                                                              | ~ ~ ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| PATIENT CARE                                        | 4                    | 1                         |                       |                       | -                                                                       | 1                                                                                                              | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OFFICE BASED<br>PRIMARY CARE<br>NOT PRIMARY<br>CARE | m 24                 | ન ન                       |                       |                       | a a                                                                     |                                                                                                                | M M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HOSPITAL BASED<br>PRACTICE<br>FULL-TIME<br>STAFF    |                      |                           |                       |                       |                                                                         |                                                                                                                | rd rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| INACTIVE<br>NOT CLASSIFAED                          | ~ ~ ~ ·              | ਜਜ                        |                       |                       | proj proj                                                               |                                                                                                                | • em em e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CUSTER                                              |                      | •                         |                       |                       | ,                                                                       |                                                                                                                | <b>-</b> 410 440 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| TOTAL PHYSICIANS                                    |                      |                           |                       |                       |                                                                         |                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975

IDAHO - CONTINUED

|                              | -                   | Deliver the state of the state | O LLAND                         | COUNTRY OF GRADUATION | ATION       |        |                          |
|------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|-------------|--------|--------------------------|
| ACTIVITY                     | TOTAL<br>PHYSICIANS | TOTAL<br>UNITED<br>STATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | UNITED STATES CONT WITHIN STATE | CONTIGUOUS<br>STATE   | OTHER STATE | CANADA | OUTSIDE<br>U.S. & CANADA |
| CUSTER                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                       |             |        |                          |
| PATIENT CARE                 | ·                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AND rotes :                     |                       |             |        |                          |
| OFFICE BASED                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                       |             |        | and and a                |
| CARE                         | rd<br>-             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                       |             |        |                          |
| ELMORE                       | -                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                       |             | ,      |                          |
| TOTAL PHYSICIANS             | 4                   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | m                     | 8           |        |                          |
| PATIENT CARE                 | 'n                  | ĸ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | m                     | 2           |        | elin estir               |
| OFFICE BASED<br>PRIMARY CARE | 44                  | 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | നന                    |             |        |                          |
| HOSPITAL BASED<br>PRACTICE   |                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                       | pri         |        |                          |
| STAFF<br>ASSICIASSIFIED      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                       | end end     |        |                          |
| FRANKLIN                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                       |             |        | make mige .              |
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TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975

|                                | the self-star (Star-Villator) and consumptions of the second |                                            |                | THE MAN THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE | desire ellrefer für för de de samme dar för för gresse en |        | Angesterenden isanapisasina disassenamenti and sessional a |
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| ACTIVITY                       | TOTAL                                                        | TOTAL<br>UNITED<br>STATES                  | WITHIN STATE   | TATE   CONTIGUOUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OTHER STATE                                               | CANADA | OUTSIDE<br>U.S. E CANADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| JEROME                         |                                                              |                                            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TOTAL PHYSICIANS               | 9                                                            | 9                                          |                | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PATIENT CARE                   | 'n                                                           | īV                                         | 45 ayy 4       | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DFFICE BASED<br>PRIMARY CARE   | ia m                                                         | rv w                                       |                | 1 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 60                                                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CARE                           | 7                                                            | 8                                          |                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| INACTIVE                       | ~4                                                           | 7                                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| KOOTENAI                       |                                                              |                                            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TOTAL PHYSICIANS               | 84                                                           | 14                                         |                | ĸ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 45                                                        | 1      | odpan wanter o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| PATIENT CARE                   | 0,                                                           | 94                                         |                | ľΩ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 35                                                        |        | with with 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| OFFICE BASED<br>PRIMARY CARE   | 23                                                           | 40 23                                      |                | 10 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 35                                                        |        | en von en en e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CARE CARE                      | 17                                                           | 17                                         |                | m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 14                                                        |        | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| OTHER PRUFESSIONAL<br>ACTIVITY | 7                                                            | 7                                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                                         |        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| INACTIVE<br>NOT CLASSIFIED     | υς                                                           | 4                                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4-1                                                       | 1      | Marie allen anns d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| LATAH                          |                                                              |                                            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |        | ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| TOTAL PHYSICIANS               | . 23                                                         | 23                                         |                | m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 50                                                        |        | do 1650 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PATIENT CARE                   | 61                                                           | 19                                         | alle makke mel | æ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 110                                                       |        | ER who as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| GFICE BASED<br>PRIMARY CARE    | 119                                                          | 19                                         |                | mm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11                                                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CARE                           | 10                                                           | ĸ                                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | v.                                                        |        | 04 and 05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ACTIVITY                       | 1                                                            | 1                                          | ng milito ed   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975

| IDAHO - CONTINUED                   |                    |                           |                |                       |                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                     | -                  |                           | DAT TAU        | COUNTRY OF GRADUATION | AIION                   |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ACTIVITY                            | TOTAL   PHYSICIANS | TOTAL<br>UNITED<br>STATES | WITHIN STATE   | CCNT IGUOUS<br>STATE  | OTHER STATE             | CANADA | OUTSIDE U.S. & CANADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ГЕМНІ                               |                    |                           |                |                       |                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TOTAL PHYSICIANS                    | 4                  | 4                         |                |                       | 4                       |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PATIENT CARE                        | 4                  | 4                         |                | -                     | 4                       |        | AND SOUR SOUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| OFFICE BASED<br>PRIMARY CARE        | 44                 | 44                        |                |                       | 7 7                     |        | antina ettas ettas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| LEWIS                               |                    |                           |                |                       |                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TOTAL PHYSICIANS                    | 2                  | 1                         |                |                       | ,                       |        | yaf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PATIENT CARE                        | , van e            |                           | -              |                       |                         |        | , ref                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| OFFICE BASED<br>PRIMARY CARE        | en van een v       |                           |                |                       |                         |        | # F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| INACTIVE                            | en van e           | 1                         |                |                       | proj                    |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| LINCOLN                             | no 2004 es         |                           | tion where the | أن خشت وي             |                         |        | Time eigh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| TOTAL PHYSICIANS                    |                    | 7                         | <b></b>        |                       |                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PATIENT CARE                        | ~                  | 1                         |                |                       |                         |        | an 480 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| OFFICE BASED<br>NOT PRIMARY<br>CARE |                    |                           |                | ny dan siste dan b    |                         |        | 1000 AUGUS - 1000 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| MADISON                             |                    |                           |                | -                     |                         |        | naka waka s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| TOTAL PHYSICIANS                    | 00                 | 7                         |                | m                     | 4                       |        | fin sus s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PATIENT CARE                        | 9                  | 9                         |                | m                     | m<br>m                  |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OFFICE BASED<br>PRIMARY CARE        | v v                | in vi                     | na dan faik a  | m m                   | 00                      |        | and appear and the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| HOSPITAL BASED<br>PRACTICE          |                    | 1                         | 25 at we 4     | 20 400 sans u         | Pro este esso e<br>proj |        | දුම් සේවා සේවා ර                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| roll-ime<br>STAFF<br>NOT CLASSIFIED | 2                  | prod. prod.               |                |                       |                         | *      | 1000 COM COM COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                     |                    |                           |                |                       |                         |        | edisortisation entrangement of the contraction of t |

| TABLE 21 NON-FEDERAL PHYSICIANS bY |                     | COUNTY, ACTIVII           | COUNTY, ACTIVITY AND COUNTRY OF GRADUALION, DECEMBER 31, 1975 | GRADUALION, DEC       | EMBER 31, 1975 |                                                                                                                                                   |                                                                                                                                                    |
|------------------------------------|---------------------|---------------------------|---------------------------------------------------------------|-----------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| IDAHO - CONTINUED                  |                     |                           |                                                               |                       |                |                                                                                                                                                   |                                                                                                                                                    |
|                                    |                     |                           | G. F. T.                                                      | COUNTRY OF GRADUALION | AT 10h         | salab, diin déculàdition tala dependre i luchiani Dec deb deservoirsis<br>mannion deservoirs des graves et di l'apprisse des distribution des des | oniopolito eta eta versua kapa eta mantenza aleta eta eta an-<br>esperiito kizin apunpopolito eta esperito eta |
| ACTIVITY                           | TOTAL<br>PHYSICIANS | TOTAL<br>UNITED<br>STATES | WITHIN STATE                                                  | TATE   STATE          | OTHER STATE    | CANADA                                                                                                                                            | DUTSIDE U.S. & CAN                                                                                                                                 |
| MINIDOKA                           |                     |                           |                                                               |                       |                |                                                                                                                                                   |                                                                                                                                                    |
| TOTAL PHYSICIANS                   | 0                   | ٥                         |                                                               |                       | 9              |                                                                                                                                                   | <b>~</b>                                                                                                                                           |
| PATIENT CARE                       | 9                   | ٥                         |                                                               |                       | 9              |                                                                                                                                                   |                                                                                                                                                    |
| OFFICE BASED<br>PRIMARY CARE       | 0 0                 | 99                        |                                                               |                       | 9 9            |                                                                                                                                                   |                                                                                                                                                    |
| NEZ PERCE                          |                     |                           |                                                               | -                     |                |                                                                                                                                                   |                                                                                                                                                    |
| TOTAL PHYSICIANS                   | 53                  | 52                        |                                                               | 0                     | 94             |                                                                                                                                                   |                                                                                                                                                    |
| PATIENT CARE                       | - 44                | 46                        | <b>-</b>                                                      | 9                     | 0,4            |                                                                                                                                                   |                                                                                                                                                    |
| GFICE BASED<br>PRIMARY CARE        | 20                  | 44<br>20                  |                                                               | 50                    | 39             |                                                                                                                                                   |                                                                                                                                                    |
| NOT PRIMARY<br>CARE                | 52                  | 54                        |                                                               | ĸ                     | 19             |                                                                                                                                                   | , maj                                                                                                                                              |
| HOSPITAL BASED<br>PRACTICE         | 2                   | 2                         |                                                               |                       |                |                                                                                                                                                   |                                                                                                                                                    |
| STAFF                              | 7                   | 8                         | ****                                                          | - T                   | ed             |                                                                                                                                                   |                                                                                                                                                    |
| ACTIVITY                           |                     |                           | -                                                             |                       |                |                                                                                                                                                   |                                                                                                                                                    |
| INACTIVE                           | · ·                 | νſ                        |                                                               |                       | u1             |                                                                                                                                                   |                                                                                                                                                    |
| ONEIDA                             |                     |                           | -                                                             |                       |                |                                                                                                                                                   | -                                                                                                                                                  |
| TOTAL PHYSICIANS                   |                     | 1                         |                                                               |                       |                |                                                                                                                                                   | -                                                                                                                                                  |
| PATIENT CARE                       |                     | 1                         |                                                               |                       | ~              |                                                                                                                                                   | 4230                                                                                                                                               |

OFFICE BASED PRIMARY CANE

TOTAL PHYSICIANS

TABLE 21 NUN-FEGERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975

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| emplified and the time the transfer of the tra |            | NAL LABORATO - CONTRACTOR SANCONO SERVICIO SERVI | )                                        | COUNTRY OF GRADUATION | VIION                                                        | And the state of t |                               |
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| ACTIVITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| PATIENT CARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| OFFICE BASED<br>PRIMARY CARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACTIVATY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975

|     |                              |            |                           | COUNTRY<br>UNXTED STATES | COUNTRY OF GRADUATION<br>O STATES | ALXON          | ence description of the control of t | AND |
|-----|------------------------------|------------|---------------------------|--------------------------|-----------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
|     | ACTIVITY                     | PHYSICIANS | TOTAL<br>United<br>States | WITHIN STATE             | CONTIGUOUS<br>STATE               | OTHER STATE    | CANADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OUTSIDE                                 |
|     | TWIN FALLS                   |            |                           |                          |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|     | TOTAL PHYSICIANS             | 75         | n                         |                          | 8                                 | 63             | 73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | N                                       |
|     | PATIENT CARE                 | 99         | 62                        |                          | 7                                 | 35             | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                       |
|     | OFFICE BASED<br>PRIMARY CARE | 328        | 61                        |                          | 91                                | 355            | 74                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2                                       |
|     | NOT PRIMARY<br>CARE          | 33         | 59                        | . West was               | ĸ                                 | 24             | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                       |
|     | HOSPITAL BASED<br>PRACTICE   | ,          | 1                         |                          |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | go 445 456 4                            |
| lda | FULL-11ME<br>STAFF           |            | 1                         |                          | 1                                 | -              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|     | OTHER PROFESSIONAL ACTIVITY  | 2          | 8                         | pin again 1              |                                   | 23             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                       |
|     | INACTIVE<br>NOT CLASSIFIED   | 10.01      | 2 22                      |                          | •                                 | 4 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>= 40 40</b> 7                        |
|     | VALLEY                       |            |                           |                          |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|     | TOTAL PHYSICIANS             | 0          | 9                         | <b></b>                  | 2                                 | 4              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | m (200) ##                              |
|     | PATIENT CARE                 | 9          | o                         |                          | 2                                 | 4              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | اله جندي فالا                           |
|     | OFFICE BASED<br>PRIMARY CAKE | 99         | 00                        |                          | 010                               | 44             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>in</u> min 489 a                     |
|     | WASHINGTON                   |            |                           |                          |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|     | TOTAL PHYSICIANS             | ~          | ĸΛ                        |                          |                                   | <u>ب</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | الد بينها حلا                           |
|     | PATIENT CARE                 | 4          | 4                         | -                        |                                   | 4              | no etc. «                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
|     | OFFICE BASED<br>PRIMARY CARE | mm         | mм                        | and algoric makes of     |                                   | <u>м</u> м     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|     | HOSPITAL BASED<br>PRACTICE   |            | 1                         | der sier seit            |                                   | , rod <u>.</u> | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mir euma seller                         |

TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975

|               |            |                 |              | COUNTRY OF GRADILATION | ATTON       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|---------------|------------|-----------------|--------------|------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| X + 2 + 1 0 4 |            |                 | UNLIED       | UNITED STATES          | I THE THE   | The second secon |         |
|               | PHYSICIANS | TOTAL<br>UNITED | WITHIN STATE | CONTIGUOUS             | OTHER STATE | CANADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OUTSIDE |
|               | -          | ATOTA .         | _            |                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| MASHINGTON    |            |                 | -            |                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| INACTIVE      | rd         | -               |              | -                      | -           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |